CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. B. 1265-2

F 24576

F 24576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada Kettle

(a) Residence: No. 1404 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Feb 2 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME James Kettle

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Caroline Richardson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary E. Foreglad

(Address) 1404 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 3 1936

19. UNDERTAKER Vernon Feehrer

(Address) 231 Edmondson Ave

Registrar.

20. FILED ..... 19.....

JUN 4-1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1930 to June 4, 1936. 19.....

I last saw her alive on June 3, 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy, sudden.	
Other contributory causes of importance:	
Arterio sclerosis.	
Myocarditis, chronic.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin B. Jones M. D.

(Address) 1115 St. Paul St., City.

F 24577

14322

✓ F 24577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lula Parker

(a) Residence: No. 712 S. Green St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Mar. 20. 1888 ~~5-20-1877~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~50~~	48	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Howe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 8, 1936

19. UNDERTAKER Mrs Fdw R Williams
(Address) 322 N. Schroeder St.

20. [illegible] 4-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/23/1936 to 6/3/1936

I last saw her alive on 6/3/1936 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10 days.
Enteritis acute	
Bronchopneumonia	1-2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 24578

24578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 E. Hamsons St., 203 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Richwien

(a) Residence: No. 709 E. Hamson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice P. Richwien

6. DATE OF BIRTH (month, day, year) Oct. 2-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motion picture operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20th

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Louis Richwien

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Katherine Kraft

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Alice P. Richwien

(Address) 709 E. Hamsons St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 5, 1936

19. UNDERTAKER George L. Stewart

(Address) 2101 Frederick Ave.

20. FILED June 5 1936 Huntington Billingsley, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to June 2, 1936.

I last saw h[illegible] alive on June 2, 1936. Death is said to have occurred on the date stated above, at 12 0 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward P. Kallins, M. D.

(Address) 2116 W. Pratt St.

OCCUPATION is very important. See instructions on back of certificate.

6-4-1936

F 24579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 25-2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James McKillop

(a) Residence: No. 2815 Belmont ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances McKillop

6. DATE OF BIRTH (month, day, year) June 8-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas McKillop

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anna Salisbury

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 6 1936

19. UNDERTAKER George L. Lehnert
(Address) 2101 Eutaw pl

20. FILED June 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to June 3, 1936
I last saw him alive on June 3, 1936 Death is said to have occurred on the date stated above, at 1.23 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy, confirmed	1930
Bronchopneumonia, left lung	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwina S. Stafford M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 24580

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24580

CERTIFICATE OF DEATH

95-3

Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins Ave. St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Louis Gabrio

(a) Residence: No. 205 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Gabrio

6. DATE OF BIRTH (month, day, year) Aug. 20 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bristle Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frederick Gabrio

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Wegerhoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Berryman

(Address) 2114 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 6, 1936

19. UNDERTAKER George L. Lahmeyer

(Address) 2101 Frederick Ave.

20. Huntington Williams, M.D.

4-1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936 to June 4, 1936

I last saw him alive on June 4, 1936 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic cardio-vascular disease with hypertension — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Karl F. Meek M. D.

(Address) St. Agnes' Hospital

24581 F 24581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 8 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Agnes Wilson

(a) Residence: No. Bel Air, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — none

6. DATE OF BIRTH (month, day, year) Nov 16 1934 Sept 22 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	16	1 1/2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none — child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Josiah Wilson

14. BIRTHPLACE (city or town) (State or country) Hartsville Md

MOTHER

15. MAIDEN NAME Agnes Wheeler

16. BIRTHPLACE (city or town) (State or country) Hartford Co Md

17. INFORMANT Josiah Wilson
(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL Place St Ignatius Date June 5, 1936

19. UNDERTAKER Dean & Slater
(Address) Bel Air Md

20. Filed 4-1936 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 23, 1935 to June 4, 1936

I last saw h.. alive on June 4, 1936 Death is said to have occurred on the date stated above, at 1:35 A. m.

The principal cause of death and related causes of importance were as follows:

Monaemia — Date of onset Sept 1935

Other contributory causes of importance:

none

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

no If so, specify ....

(Signed) Louis P. Hamburger Jr. M. D.

(Address) Union Memorial Hospital

✓ F 24582

24582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 27-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4820 Park Heights Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Tennyson

(a) Residence: No. 4820 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Roberta Tennyson

6. DATE OF BIRTH (month, day, year) Oct 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 004

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME John E. Tennyson.

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Alice Hall

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

17. INFORMANT John P. Tennyson
(Address) 4820 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 6-5-36 19

19. UNDERTAKER Wendell E Humphreys
(Address) 1600 N. Broadway

20. FILED JUN 4 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4-36. 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 2, 1936

I last saw him alive on June 2, 1936. Death is said to have occurred on the date stated above, at 10 25 a.m. 10 25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
arteria sclerosis	
Cerebral Hemorrhage	5/25/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fred L. De Barbieri M. D.

(Address) 4755 Park Heights Ave.

Fred L. De Barbieri

OCCUPATION is very important. See instructions on back of certificate.

✓ F 24583 1936
24583 4 x 93

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 127

Registered No.....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Annie Morgan

(a) Residence: No. Fallston, Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of Milford Morgan

6. DATE OF BIRTH (month, day, year) Oct 16, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Walker.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillie B Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Milford Morgan (Address) Fallston Md.

18. BURIAL, CREMATION, OR REMOVAL Place Friendship Date June 7, 1936

19. UNDERTAKER Hazelwood & Goos. (Address) Bussoks, Md.

20. FILED 4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 4, 1936

I last saw her alive on June 4, 1936 Death is said to have occurred on the date stated above, at 1.P. m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

1. cholecystitis
2. Post operative adhesions
3. obstructive jaundice

Other contributory causes of importance:

1. Hepatitis.

Was an operation performed? yes Date of, 5-27-36

For what disease or injury? P. O. adhesions

Name of operation Exploratory laparotomy

What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 24584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Doris Freeman

(a) Residence: No. Quinoco Mills, Md. St., ... Ward. Colen St
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 17, 21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harlan Freeman

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Preston

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date June 6, 1936

19. UNDERTAKER J. F. Cline & Sons
(Address) Reisterstown Md

Registered ..... Huntington Avenue

4 JUN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1936 to June 4, 1936

I last saw h. alive on June 4, 1936 Death is said to have occurred on the date stated above, at 6 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Rheumatic heart disease	1932

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Carl E. Burkland, M. D.

(Address) J H H

OCCUPATION is very important. See instructions on back of certificate.

F 31436 (Silvers) ✓ F 24585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24585

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. mos. 2 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Silvers — If U. S. Veteran specify WAR

(a) Residence: No. Harlan, Ky St., Ward. 7 Thayer 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilla Silvers

6. DATE OF BIRTH (month, day, year) 10-1-96

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
39	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sup. Coal Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Logan Silvers.

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Lucy Lucas.

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Harlan, Ky Date June 4 1936

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

6-4-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936 to June 4, 1936

I last saw him alive on June 4, 1936 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver abscess	2/1/36
Staphylococcus septicemia	4/1/36
Chronic glomerulo nephritis	

Other contributory causes of importance:

Secondary anemia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood and Tissue + autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sarah H. Bowditch M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

14207 ✓ F 24586

24586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Knight
If U. S. Veteran specify WAR

(a) Residence: No. 4619 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) 8-11-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Lewis

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Mollie Hoke

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthias Date June 6th 1936

19. UNDERTAKER Leo G. Groh
(Address) 1703 N. Patterson Park Ave

19a. DATE RECEIVED JUN 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/17/1936 to 6/3/1936

I last saw him alive on 6/3/1936 Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

JUN 4 1936

F 24587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1812 Hartem St. 16-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella F. Mitchell
If U. S. Veteran specify WAR.

(a) Residence: No. 1812 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter R. Mitchell

6. DATE OF BIRTH (month, day, year) May 6 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L. Geiglein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Schmeike
(Address) 6 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 5th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 5 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8.15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Weakness	
or decline	
senile weakness	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hann, M. D.
Coroner

(Address) 1215 Harlem ave

OCCUPATION is very important. See instructions on back of certificate.

F 24588 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24588

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 828 Walnut St., 10-V Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia McGuire
If U. S. Veteran specify WAR Not a Recruit

(a) Residence: No. 828 Wilmot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John McGuire

6. DATE OF BIRTH (month, day, year) July 20th 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	11 10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Thomas Hopkins
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary (Unknown)
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Peter A. McGuire
(Address) 828 Wilmot St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Harford Rd Date June 6th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUN 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to June 4 1936
I last saw h[illegible] alive on June 3 1936 Death is said to have occurred on the date stated above, at 0445 A a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive - Cardio - Vascular - Renal Syndrome	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. N. Hatcher, M. D.
(Address) 1 W Mt Vernon Pl

OCCUPATION is very important. See instructions on back of certificate.

F 24589

F-24589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Brighton St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Louise Baylis

(a) Residence: No. 3201 Brighton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John W. Baylis

6. DATE OF BIRTH (month, day, year) July 21st 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward W. Varges

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Von Hartman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella L. Walters
(Address) 3201 Brighton St

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Date June 6th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... [illegible]

JUN 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30 1936 to June 4th 1936

I last saw h. alive on June 4 1936 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Duke 168	
Bslp 60	
Other contributory causes of importance: Fibrositis of Thigh	
Cramp for short time 104	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What (test) confirmed diagnosis? Pulmonary Oedema Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ella L Parker M. D.

(Address) 3123 N Forth ave.

F 24590

F 24590 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Abell Ave St., 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Priscilla Anderson

If U. S. Veteran specify WAR 10 Record

(a) Residence: No. 3009 Abell Ave St., ... Ward.
(Usual place of abode) 63 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Anderson

6. DATE OF BIRTH (month, day, year): Feb 11- 1854

7. AGE: Years 82 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Severn A. A. Co Md

FATHER

13. NAME: Charles R. Griffith

14. BIRTHPLACE (city or town) (State or country): Severn Md

MOTHER

15. MAIDEN NAME: Mary Ann Dappington

16. BIRTHPLACE (city or town) (State or country): Severn Md

17. INFORMANT: Ernest Long
(Address) 3009 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date 6/5 1936

19. UNDERTAKER: Williams & Cook
(Address) 1217 Park Ave Baltimore, Md

FILED JUN 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15 1936 to June 3 1936

I last saw him alive on June 3 1936 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

caused by Arterio-Sclerosis

& Hypertension

Other contributory causes of importance:

Uno

Was an operation performed? Uno Date of Uno

For what disease or injury? Uno

Name of operation Uno Date of Uno

What test confirmed diagnosis? V Was there an autopsy? Uno

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jefferies Brooks M. D.

(Address) 5 Club Rd Balto.

F 24591 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24591

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 N. Longwood St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amanda Shea

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2305 N. Longwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Andrew Shea

6. DATE OF BIRTH (month, day, year): June 25th 1853

7. AGE: Years: 83 | Months: 9 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Henry Roberts

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Katherine

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs John E. Drury

(Address) 2980 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Loraine Date: 6/6/36

19. UNDERTAKER: William Cook

(Address) 127 St Paul St.

JUN 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to June 4, 1936

I last saw her alive on June 3rd 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	5/25
Other contributory causes of importance: Myocarditis	over 7

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) Thos. H. Magruder M. D.

(Address) 14 E Read St

Verum 2689

E 24592 ✓ E 24592

313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 1-4-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Knox If U. S. Veteran specify WAR No Record

(a) Residence: No. 1335 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of James T. Knox

6. DATE OF BIRTH (month, day, year) 2/26/72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jas Marley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kaden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 6th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

[illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936 to June 3, 1936

I last saw her alive on June 3, 1936. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism (a)	
Diabetes Mellitus	1935
Diabetic Gangrene	
arteriosclerotic heart disease	

Other contributory causes of importance:

Was an operation performed? Partial Date of June 3, 1936

For what disease or injury? Diabetic Gangrene Rt leg

Name of operation Partial Amputation Date of 6/3/36

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A Kruckel M. D.

(Address) The Johns Hopkins Hosp

F 24593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Wolfe

(a) Residence: No. 2321 Callow Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Albert Wolf

6. DATE OF BIRTH (month, day, year) About 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Sir Standing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mark Wolff

(Address) 2321 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date June 5, 1936

19. UNDERTAKER Lloyd Friedberg & Sons

(Address) 1902 Eutaw Place

20. FILED JUN 5 - 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936 to June 4, 1936

I last saw her alive on June 4, 1936 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Other contributory causes of importance: Pityriasis rosea	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel A. Belgrad M. D.

(Address) Sinai Hospital

F 24594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24594

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Edmondson Ave St. 16-B Ward)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Louise Norris

(a) Residence: No. 3706 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Norris

6. DATE OF BIRTH (month, day, year) May 12 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Lemuel Pierpont

14. BIRTHPLACE (city or town) Dalla Md
(State or country)

MOTHER

15. MAIDEN NAME Martha Phoenix

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mrs Louise Norris
(Address) 3706 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 14 1936

19. UNDERTAKER Albert L Stith & Sons
(Address) Hollins & Carlton Sts

20. FILED Huntington Williams, Reg
N 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1936 to June 3 1936

I last saw h. alive on June 2 1936 Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	Oct. 1935
Other contributory causes of importance: Exhaustion	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm J Schmitz, M. D.

(Address) 701 N. Kenwood Ave

24595 Bennie Corbin ✓ F 24595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 Division St., 14-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bennie Carbon

(a) Residence: No. 1811 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie

6. DATE OF BIRTH (month, day, year): Nov. 29-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

FATHER

13. NAME: Wallis Corbin

14. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

MOTHER

15. MAIDEN NAME: Elizabeth Brooks

16. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

17. INFORMANT (Address): Lynnie Corbin 1811 Division Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Zion Cem. Date: 6-5-1936

19. UNDERTAKER (Address): Mrs. Geo. E. Holland 1631 Druid Hill Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6 1936 to June 2nd 1936

I last saw him alive on June 2nd 1936 Death is said to have occurred on the date stated above, at 4-45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Angulated gallbladder as effect of the Tuberculosis

Name of operation ..... Date .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emmett Large M. D.

(Address) 2937 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

24396 ✓ E 24596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Found dead in Clubmobile Found dead on East end of Briar Cliff Rd 16+ Registered No.

CITY OF BALTIMORE: (No.) St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Lindahl If U. S. Veteran specify WAR

(a) Residence: No. 501 Kingston Rd., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M Lindahl

6. DATE OF BIRTH (month, day, year) Dec 3 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sup Structural Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quartermaster Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Altoona Pa.

FATHER

13. NAME Albert Lindahl

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Minstad ?

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Lillian M Lindahl
(Address) 501 Kingston Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 6 1936

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED 19 Kingston Rd

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 3. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at found 6.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poison, by Mercuric Chloride Tablets	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/3 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place found on East end of Briar Cliff Rd

Manner of injury Fire Guard drew gun from overcoat pocket & shot himself

Nature of injury Poison

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Hann Coroner, M. D.

(Address) 216 Harmony

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24597

24597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) St. 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David M. Ginsberg

If U. S Veteran specify WAR

(a) Residence: No. 3720 Towanda Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 24 - 1910 -

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1083

10. Date deceased last worked at this occupation (month and year) 6/3/36

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Ginsberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Ginsberg

(Address) 3720 Towanda Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 6/6/36 19

19. UNDERTAKER Jack Levin Inc

(Address) 1020 Patterson Park Ave

20. FILED 6-6-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/36 8:15 AM, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury 6/4 19 36

Where did injury occur? Washington Blvd (County) Near Elevator (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Factory

Manner of injury Automobile skidded

Nature of injury turned over

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hahn Gundry Acute M. D. Coroner

(Address) 907 N. Charles

24598 ✓ F 24598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital (Ward) 6-5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Esther Smoller

(a) Residence: No. 11 Irvine Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon Smoller

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Isaac Schlossberg
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Gloria
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs H. Brandel
(Address) 2024 N. Bentalou st

18. BURIAL, CREMATION, OR REMOVAL
Place: Sharey Sinai Date: 6/6/36 19

19. UNDERTAKER: Wm. Young Inc
(Address) 1439 E. Baltimore st

FILED 19 Registrar.

JUL 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21 1936 to June 4 1936
I last saw h. alive on June 4 1936 Death is said to have occurred on the date stated above, at 11.05 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset May 21 1936
Intermittent
Hypertension

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph B. Gross M. D.
(Address) Sinai Hospital

24599 F 24599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3322 Gwynns Falls St. Park Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry H. Bailey

(a) Residence: No. 3322 Gwynns Falls St. Park Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian A. Bailer

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as clipper, sawyer, bookkeeper, etc.: Auto Tires

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Alter Bailer

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Bessie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Lillian A. Bailer

(Address) 3322 Gwynns Falls Park Way

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Lorraine Cem. Date 5 Jun 36

19. UNDERTAKER: Geo. Lee Sons

(Address) 1439 E. Baltimore St

20. FILED JUN 5 - 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 28 1936, to June 4 1936 . 19

I last saw h alive on June 4 1936. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 28/36
Other contributory causes of importance: Lobar Pneumonia	May 26/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nellis Dukes M. D.

(Address) 2220 Garrison Blvd

F 24600 F 24600

F24600

HEALTH DEPARTMENT—CITY OF BALTIMORE

U-14470

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Buckner

(a) Residence: No. 1828 Mullican St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle

6. DATE OF BIRTH (month, day, year) 9-8-~~1870~~ 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~66~~ 63	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza Carry

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Winder Hills Date June 6. 1936

19. UNDERTAKER Saml. W. Lodge & Son
(Address) 638 N. Gilmor

FILED ..... 19 ..... Registrar.

N.B. - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/30, 1936, to 6/3, 1936

I last saw him alive on 6/3, 1936 Death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	?
Hypertensive Cardio-Vascular Disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Bald City Hosp

F 24601 ✓ F 24601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 77-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Midvale Road St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie MCINTYRE SHANNON

(a) Residence: No. 1 Midvale Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Shannon

6. DATE OF BIRTH (month, day, year) Nov. 21. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Ewen McINTYRE

14. BIRTHPLACE (city or town) N.Y.
(State or country)

MOTHER

15. MAIDEN NAME Emily Bridgeman

16. BIRTHPLACE (city or town) N.Y.
(State or country)

17. INFORMANT Edward M. Weston
(Address) 1 Midvale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Cemy. Brooklyn N.Y. Date June 6. 1936

19. UNDERTAKER John O'Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED JUN 8 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13 1936 to June 4 1936

I last saw h[illegible] alive on June 3 1936 Death is said to have occurred on the date stated above, at 8.54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (arteriosclerosis)	?
Other contributory causes of importance: Cardiac decompensation	1910 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical symptomatology Was autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Little M. D.

(Address) 2435 Maryland Ave.

F 24602 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24602

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Hanover St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Schutte.

(a) Residence: No. 1417 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Schutte

6. DATE OF BIRTH (month, day, year): Feb. 27

7. AGE: Years 75 | Months 3 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Herman J. Schoberg.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Not Known.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. Henry Schaefer

(Address) 1417 Hanover St

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross. A.A.C. Date 6-6-36

19. UNDERTAKER: Bernard C. Harlow

(Address) 121 [redacted]

JUN 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3rd. 1936

I HEREBY CERTIFY, That I attended deceased from May 10 '36 to June 3 '36, 19..

I last saw h.. alive on June 3 1936. Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Arterio Sclerosis & Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Fleming M. D.

(Address) 1337 S. Charles St.

F 24603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Harrans Hospital St., 14th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lessie Sharpe

(a) Residence: No. Harrans Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Sharpe

6. DATE OF BIRTH (month, day, year) Aug 22 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Co. Va.

FATHER

13. NAME Jennings Sharpe

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Alter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthur F Sharpe
(Address) Wise Ave & North Point Road

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date June 6 1936

19. UNDERTAKER John Weber
(Address) Race & Arlington

20. FILED June 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Peritonitis	

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 4/21 1936

Where did injury occur? Harrans Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury fell upon

Nature of injury injuries

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A Harn M. D.
Coroner

(Address) 215 Harrans

NOV 5 - 1936

F 24604

24604 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 94-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S Potomac st St., 1-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR no record

2. FULL NAME William Henry Kuehne

(a) Residence: No. 132 S Potomac st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Kuehne

6. DATE OF BIRTH (month, day, year) March 2 nd 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2 3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 27

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 45yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Kuehne

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Stahl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Barbara Kuehne

(Address) 132 S Potomac st

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date June 7th 1936

19. UNDERTAKER John Cusick

(Address) 2008 Aliceanna

20. FILED JUN 5-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to June 4 1936

I last saw him alive on June 4 1936. Death is said to have occurred on the date stated above, at 10.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 days
Other contributory causes of importance:	
Bronchial Asthma	6 Mos.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Voluntine M. D.

(Address) 16 So. Broadway

F 24605

F 24605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Dorchester Road St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 30 yrs. 0 mos. 0 ds.

2. FULL NAME David Stone

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3907 Dorchester Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claire E. Stone

6. DATE OF BIRTH (month, day, year) May 28, 1889

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dis't. Sales Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Philip Morris Inc.

10. Date deceased last worked at this occupation (month and year) May 29, 1936

11. Total time (years) spent in this occupation 4Yrs.

12. BIRTHPLACE (city or town) Geneva
(State or country) Switzerland

FATHER

13. NAME Edw. S. Stone

14. BIRTHPLACE (city or town) near London
(State or country) England

MOTHER

15. MAIDEN NAME Alice Turnbull

16. BIRTHPLACE (city or town) Glasgow
(State or country) Scotland

17. INFORMANT Mrs. Claire E. Stone (Wife)
(Address) 3907 Dorchester Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Lakes N.J. Date June 6th 1936

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 West North Ave.

Huntington Williams, MD
Registrar.

FILED JUN 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereof and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. Hays, M. D.
Coroner

(Address) 2 E. Franklin St.

AACo. 5-11 2508

F 24606 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24606

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 614 N. Appleton St. St. 6-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma G. Spunier

(a) Residence: No. 614 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Deceased~~ Wm A. Spunier.

6. DATE OF BIRTH (month, day, year) Sept 19, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	15th	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~203~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Co.,

FATHER

13. NAME Frederick Markis

14. BIRTHPLACE (city or town) (State or country) Frederick Co.

MOTHER

15. MAIDEN NAME Rebecca Fox

16. BIRTHPLACE (city or town) (State or country) Frederick Co.

17. INFORMANT Mrs. M. Osborne
(Address) 1804 Edmondson Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~ Government Lot Date 6/6/36 19 .....

19. UNDERTAKER Chas. J. Schwab
(Address) 501 N. Monroe St. Huntington Williams, MD

FILED JUN 5 1936, 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1 -, 1935 to 6-3-, 1936

I last saw h[illegible] alive on 6-3-, 1936 death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Interstitial)	6 mo
Hypertrophy of Heart	2 mo

Other contributory causes of importance:

Hypostatic Pneumonia	2 days

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Martin W. Brack M. D.

(Address) 626 Fulton Ave

21607 F 24607

Form 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+179

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? 74 yrs. mos. ds.

If U. S. Veteran (specify WAR)

2. FULL NAME Mary Witt

(a) Residence: No. 814 Dorchester Rd. St., Ward. Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 29 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William E. Dietrich
(Address) 814 Dorchester Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date June 5 1936

19. UNDERTAKER Charles D. Schwab
(Address) 505 N. Monroe St.

FILED 19 Huntington Williams, MD
Registrar.

6-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above. 3.30 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

(a) Chronical. June 3-36 P.M.
Gastro Instestinal Inflammation
over dose of Methyl-Salicylate (Oil-Wintergreen)

Other contributory causes of importance:
Gradual failing heart.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? Catonsville Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Overdose of Methyl-Salicylate

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jno. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. 24608 F 24608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓131

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3403 Elgin Ave St., 15-8 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith E. Sullem

(a) Residence: No. 3403 Elgin Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Louis L. Sullem

6. DATE OF BIRTH (month, day, year) July 2-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norristown Pa.

FATHER

13. NAME Charles Eisenbrandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida Sattler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur E. Sullem
(Address) 3403 Elgin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 6 1936

19. UNDERTAKER Lutgart Bros
(Address) 2320 Eutaw Pl

FILED JUN 5 1936 Lexington Pultaney, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15/36 19..... to June 4/36 19.....

I last saw him alive on June 2/36 19..... Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Myocarditis from Kidney disease	6 mos.
Arteriosclerosis	1926
Chronic interstitial Nephritis	?
Other contributory causes of importance:	
Hypertension	?

Name of operation none Date of .....

What test confirmed diagnosis? Physical + Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred ~~in industry~~, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Stiehl M. D.

(Address) 2228 Harrison Blvd

M. D. B 1268-9

24609

HEALTH DEPARTMENT—CITY OF BALTIMORE

24609

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Grose

If U. S. Veteran specify WAR .....

(a) Residence: No. 1220 Ford St., Towson, Ward, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 21-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dennis Gross

14. BIRTHPLACE (city or town) (State or country) Bay Co. Md

MOTHER

15. MAIDEN NAME Mabel Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Daisy Brown

(Address) 1025 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Cem. Date June 5th, 1936

19. UNDERTAKER Asa Peter & Co. Geddes

(Address) 215 Pine Lombard St.

20. FILED JUN 5 - 1936 Wm. Fenton Wallbrecht, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3 - , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fracture Skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 6/3, 1936

Where did injury occur? Roof Road Near Gittings Pa (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Pulled in front of Auto

Nature of injury Struck safety Zone

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Geesky Aule, M. D. Coroner

(Address) 907 N. Charles

F 24610

F 24610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Longley

(a) Residence: No. 2735 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Elizabeth Longley

6. DATE OF BIRTH (month, day, year) Aug 25, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year) 5/19/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William E. Longley

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elmer G. Longley

(Address) 2735 Wilkens Ave Balto, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cathedral Date 6/3 19 36

19. UNDERTAKER J. Wm. Wilkes & Son

(Address) 2512 Nelson.

FILED 5-1936 19 Registrar.

Huntington Pittsburgh Phila

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1936 to June 5 . 1936

I last saw him alive on June 5 . 1936 Death is said to have occurred on the date stated above, at 6 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/27
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. E. Cook M. D.

(Address) Wagner & Hoop Balto., Md

F 24611

F 24611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH South Baltimore Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 135 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Phillip Weinehl Weinehl — If U. S. Veteran specify WAR .....

(a) Residence: No. 1324 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenia Weinehl

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sophie Wittemann Bell
(Address) 1324 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date June 6, 1936

19. UNDERTAKER Josiah Lytle
(Address) 1060 W. Pratt St

Registrar.

FILED ....., 19..

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936 to June 4, 1936
I last saw him alive on June 4, 1936 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Bronchopneumonia	6/1/36
Diabetic gangrene, right foot	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/2/36
For what disease or injury? gangrene, right foot
Name of operation Amputation thru Mid-Thigh Date .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Durell M. D.
(Address) South Bal. Hospital

M. D. No. 12[illegible] F 24612

F 24612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 20[illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William D. Gray

(a) Residence: No. 1835 W. Mulberry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 3 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William M. Gray

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen V. Hamelsh

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William M. Gray.

(Address) 1835 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus. Date 5/5/36. 19

19. UNDERTAKER John J. Weber

(Address) 401 S. Chester St

20. FILED ..... 19 .....

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Imperforate Anus	

Other contributory causes of importance:

Pulmonary Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 24613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24613

CERTIFICATE OF DEATH

✓ 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Essex Street St., 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wanda Majewski (Inscore)

(a) Residence: No. 2217 Essex Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Seperated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Russel Inscore

6. DATE OF BIRTH (month, day, year) January 12 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Czeslaw Majewski

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Genevive Keczmerska

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Genevive Majewski (Mother)
(Address) 2217 Essex Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 6. 1936

19. UNDERTAKER John J. Weber
(Address) 401 S. Chester St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-27-36 19 to 6-3-36 19

I last saw h alive on June 3 19 36 Death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1 mo
Other contributory causes of importance:	
Intritation	3 days
Embolism	3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Tyzko M. D.

(Address) 2221 Eastern Ave

24614

F 24614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? 64 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Mechlinski

(a) Residence: No. 2216 Bank St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Mechlinski

7. DATE OF BIRTH (month, day, year) aug 6 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	17 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin Zborowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Piwinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Grant Daughter

(Address) 324 S. Carey Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 6 1936

19. UNDERTAKER John F. Weber

(Address) 401 S. Carey St

20. FILED Washington Baltimore

JUN 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22 1936 to June 3 1936

I last saw her alive on June 3 1936 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Apoplexy	6-3-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Magauller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 24615

F 24615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Sumter Ave 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha A. Otto

(a) Residence: No. 3109 Sumter Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugo B. Otto

6. DATE OF BIRTH (month, day, year) May 4, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Bastenberg.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fredrick C. Otto
(Address) 608 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Date June 6, 1936

19. UNDERTAKER Mr. & Mrs. John H. Geufel & Son
(Address) 501 W. Fayette St.

6-1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1936, to 6/4, 1936

I last saw her alive on 6/3, 1936 Death is said to have occurred on the date stated above, at 2.10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Thyroid
Pulmonary metastasis

Date of onset ?

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. Ardery Edel M. D.

(Address) Baltimore Md

24616

F 24616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Martha Gaither

(a) Residence: No. 158 Winterspeare St., Catonsville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Gaither

6. DATE OF BIRTH (month, day, year) Aug 10, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Basil Owings

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannah Sugar

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Thomas Gaither

(Address) 158 Winterspeare Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date June 5, 1936

19. UNDERTAKER Mrs Katie E. Williams

(Address) 3228 Edmondson Ave.

20. FILED 1936 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1936, to 6-2, 1936

I last saw her alive on 6-2 1936. Death is said to have occurred on the date stated above, at 12 20 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic + hypertensive cardiovascular disease	7
Other contributory causes of importance: Cardiac decompensation	12 weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W [illegible] M. D.

(Address) University Hospital

24617
B11423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24617

46-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Ford

(a) Residence: No. 2418 Madison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	Black.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of md. 1-1-50

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. boarding 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Mathews

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 6, 1936

19. UNDERTAKER Mrs Katy R. Williams
(Address) 322 N Schroeder St.

5 JUN 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June - 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March - 24, 1936, to June - 3, 1936

I last saw her alive on June - 3, 1936. Death is said to have occurred on the date stated above, at 5 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	
Emaciation & dehydration	
Arteriosclerosis, moderate	

Other contributory causes of importance:

Moderate amount of anemia

Was an operation performed? Yes Date of May 15 & June 2

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy Date of April 2

What test confirmed diagnosis? Section Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R B Palmer, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

24618

F. 24618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a U-607

1. PLACE OF DEATH Baltimore City Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. St. 13-7 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Cavey

(a) Residence: No. 273 Hickory Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Cavey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Kennedy's Md Date June 5 19 36

19. UNDERTAKER [illegible]

(Address)

20. FILED 6-5-1936 [illegible]

2300

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-36 , 19

22. I HEREBY CERTIFY, That I attended deceased from 9-19-30 , 19 , to 6-1-36 , 19

I last saw h... or alive on 6-1-36 , 19 . Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident and	
Terminal broncho pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. Reynolds M. D.

(Address) Baltimore City Hospital

24619 F 24619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14447 17-1 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Denby Hill

(a) Residence: No. 628 W. Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Monroe

6. DATE OF BIRTH (month, day, year) 3-26-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sam Denby

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Victoria ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6-8-1936

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave.

20. [illegible] 6-8-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1936 to 6/4, 1936

I last saw her alive on 6/4, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk.
Hypertension	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp.

24620 F 24620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Amelia Weigand

(a) Residence: No. 241 Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Adolph Weigand

6. DATE OF BIRTH (month, day, year) Sept 22, 873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62 63	8	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Never 936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Moeslein

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 8 1936

19. UNDERTAKER Jos. L. Behr & Son Inc
(Address) 1826 W. Baltimore St

20. FILED 6-5-1936 Huntington Cullenane 1827

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936 to June, 1936

I last saw her alive on June 3, 1936 Death is said to have occurred on the date stated above, at 11 03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C-V disease 936	?
Mitral Stenosis + insuff	?
Pneumonia, lobular, both	?
Embolism	?

Other contributory causes of importance:

Bilateral gangrene lungs & L. 3 mos	
uncl	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Jerardi M. D.

(Address) Mercy Hospital

Spec.—1-30—M. & T.—250 Blks.

24621 F 24621

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2106 Boone St. (St.) (9-8 (Ward)

2-FULL NAME Margaret Elizabeth Hood

(a) RESIDENCE NO. 2106 Boone St (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Charles Hood

6 DATE OF BIRTH (month, day, and year) Feb 2 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Carlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Charles Hood

(Address) 2106 Boone St.

Filed JUN 3 - 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1936

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to June 3rd, 1936, that I last saw h~~is~~ alive on June 3rd, 1936, and that death occurred, on the date stated above, at 10:35 A m.

The CAUSE OF DEATH* was as follows:

Hypertension Heart disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Geo. O. Gunding, M. D.

6-3, 1936 (Address) 1014 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June 6 1936
20 UNDERTAKER	ADDRESS
Mary M Windsor	201 E. 22nd

M. D. B 1268-9

F 24622

24622 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) St., 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen D. Allen

If U. S. Veteran specify WAR .....

(a) Residence: No. Laurel Maryland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Allen

6. DATE OF BIRTH (month, day, year) Aug 24-1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38-	9-	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as ... housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Annapolis Junction (State or country) Md

FATHER

13. NAME John Dunker

14. BIRTHPLACE (City or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Hennie Lusby

16. BIRTHPLACE (City or town) (State or country) Severn, Md

17. INFORMANT Lena E. Southard

(Address) Woodside Ave. Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loy Hall Date 6/6 19 36

19. UNDERTAKER Lloyd Kaiser

(Address) Laurel, Md

Filed 5 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fracture Skull	

Other contributory causes of importance: (over)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

(Accident,) suicide, or homicide? ..... Date of injury 6/4 . 1936

Where did injury occur? Washington Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Auto Skidded + struck

Nature of injury Bodily injury over

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hutchins Lusby Auto Coroner, M. D.

(Address) 907 N. Charles St

24623 F 24623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD

CITY OF BALTIMORE: (No.) St. 9-G (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME: William Moore

(a) Residence: No. Charles St. Avenue St., Woodbrook Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE~~ of Ellen Moore

6. DATE OF BIRTH (month, day, year): 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ~~Gardner~~ 1086

10. Date deceased last worked at this occupation (month and year): Apr. 1936

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: dont know

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: dont know

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John Moore

(Address) Charles Ave. Woodbrook, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fernbrook Burial Date 6/6/ 1936

19. UNDERTAKER: J. Logan

(Address) 3000 E. Baltimore St.

20. FILED 6-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4 — 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23 1936 to June 4 1936

I last saw him alive on June 4 1936. Death is said to have occurred on the date stated above, at 3 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Peptic ulcer	
2. Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? yes Date of June 1, 1936

For what disease or injury? Peptic ulcer

Name of operation pyloroplasty Date of 6-1-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD

Spec.—1-30—M. & T.—250 Blks

F 24624

24624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-E

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S Haven ST. 26-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nazzareno Rocchi

(a) RESIDENCE NO. 212 S. Haven ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Rocchi

6 DATE OF BIRTH (month, day, and year) Dec 18 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Nazzareno Rocchi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant John Rocchi (Address) 212 S. Haven

15 [illegible] 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1936

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to June 4, 1936, that I last saw h[illegible] alive on June 4, 1936, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis - Onset May 27/36

arteri. Sclerosis } Onset

chron. Myocard. } Indefinite

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronch. - Pneum.

(Duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Philip A. Artigiani, M. D.

, 19 (Address) 2942 Stafford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 6 1936

20 UNDERTAKER Frank V. Pistore — ADDRESS 1818 E. Balto

F 24625

4625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 27-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillian W Whitaker

(a) Residence: No. 4608 Ambia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Divorced

3a. If married, widowed or divorced HUSBAND of (or) WIFE of George W Whitaker

6. DATE OF BIRTH (month, day, year) Mar. 29 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	2	8 1/4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenog. Sale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deposit & Trust Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward E Loewe

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ezekiel Le Compte

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Edward Loewe

(Address) 4608 Ambia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date June 6 1936

19. UNDERTAKER H. B. Wisner & Son

(Address) 1911 Eutaw Place

20. FILED 1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30 1936 to June 3 1936

I last saw h.. alive on June 3 1936 Death is said to have occurred on the date stated above, at 2 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Nephritis Chronic	
Other contributory causes of importance:	
Anaemia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

24626 H 24626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr. Benjamin Lusby

(a) Residence: No. 436 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Lillian Lusby

6. DATE OF BIRTH (month, day, year) Oct 7th 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. motor-shop

10. Date deceased last worked at this occupation (month and year) 5/28/36

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas N. Stansbury

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Catherine Neff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Patient 436 E 22nd St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 8th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

Huntington Pottinger, Mgr.

20. FILED 6-8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1936 to 6/5, 1936

I last saw h[illegible] alive on 6/5, 1936 Death is said to have occurred on the date stated above, at 12.20A m.

The principal cause of death and related causes of importance were as follows:

coronary thrombosis — Date of onset 4/3/36

Other contributory causes of importance:

generalized arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. H. Cutler, M. D.

(Address) Mercy Hospital

24627 F 24627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12643 Registered No. 15-12 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1927 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Record

2. FULL NAME Sadie Daiger

(a) Residence: No. 2703 Violet Ave., St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 2-3-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Savina Reeder

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 6th 1936

19. UNDERTAKER Wm Gork
(Address) 1217 St Paul St

Filed 1936 Washington Phillimore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 6/4 1936

I last saw her alive on 6/4 1936 Death is said to have occurred on the date stated above, at 4:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 24628

24628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 95-B

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 25-1

CITY OF BALTIMORE: (No. Wilkens Ave. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Espey — If U. S. Veteran specify WAR No Record

(a) Residence: No. Blooming dale Ave St., Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2nd Margaret Espey

6. DATE OF BIRTH (month, day, year) Dec 12th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill; saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Samuel B. Mr. George Espey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Ray Espey (Address) Blooming dale Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 8th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul st

20. Filed 6-9-1936 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6/36

22. I HEREBY CERTIFY, That I attended deceased from June 4 to 6 June, 1936, to 6 June, 1936

I last saw him alive on 6 months 6 days, 1936. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Arteriosclerotic cardio-vascular disease with hypertension.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meeh M. D.

(Address) St. Agnes Hospital

24629

E 24629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ..... St., 12 Ward) U.S. Marine Hospital, Baltimore, Md.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thomas

If U. S. Veteran specify WAR W.W.

(a) Residence: No. 616 Carrollton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Alexander

6. DATE OF BIRTH (month, day, year) Dec. 24, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Thomas

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

MOTHER

15. MAIDEN NAME Jenny Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date June 8, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St
Huntington Williams, Md

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936 to June 4, 1936

I last saw him alive on June 4, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangreno, left lung	Unknwon
Other contributory causes of importance:	
Aortic insufficiency	1918

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. H. a diver. M. D.

(Address) U.S. Marine Hospital

M. D. B. 1268-9

24630

F 24630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 W. Mulberry St., 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hester Jones

(a) Residence: No. 926 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed or divorced, ~~HUSBAND of~~ (or) WIFE of George Jones

6. DATE OF BIRTH (month, day, year) March 30, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

FATHER

13. NAME Benjiman Terrell

14. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

MOTHER

15. MAIDEN NAME Bunch Spencer

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va

17. INFORMANT William Jones
(Address) 926 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 7, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lanvale St.

20. Filed 1936 Huntington Williams, Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.3.36, 19

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935 to June 3, 1936

I last saw h... alive on 6.3.36, 19 ... Death ~~is said to have~~ occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	6.3.36

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James M. Lair, M. D.

(Address) 865 W. Lexington St.

M. D. B. 1268-9

24631

F 24631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Wieland

(a) Residence: No. 3125 Fleet St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mary Wieland

6. DATE OF BIRTH (month, day, year) Jan. 29, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 yrs	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur Asst.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer 102

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm Wieland

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Stark

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Wieland

(Address) 3125 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Evang. Cem Date June 6, 1936

19. UNDERTAKER George W. Zinkler

(Address) 737 E. Eager St.

20. [illegible] Registrar.

- 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/2/36, 19 to 6/3/36, 19

I last saw h[illegible] alive on 6/2/36, 19. Death is said to have occurred on the date stated above, at 6/3/36 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
(Coma)	

Other contributory causes of importance:

Name of operation Craniotomy Date of 6/3/36

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify

(Signed) George Schochet M. D.

(Address) West Balto. Gen. Hosp.

F 24632

F 24632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Brentwood Ave 10-1 St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Jenkins

(a) Residence: No. 1032 Brentwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edw. Jenkins

6. DATE OF BIRTH (month, day, year) ~~1857~~ Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Kirkwood

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Jenkins

(Address) 1032 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 6 1936

19. UNDERTAKER Rita Wedefeld

(Address) 914 Greenmount Ave

19 Huntington Williams, M.D.
Registrar.

FILED 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16 1935 to June 3 1936

I last saw h~~er~~ alive on June 3 1936. Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Cerebral Hemorrhage	1/2 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed L. M. C. Parker, M. D.

(Address) 1117 Hanford Ave

M. D. B 1268-9

F 24633

24633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gordon Carter Manning

(a) Residence: No. 2704 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 8 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	3		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto., Md. Md.

FATHER

13. NAME Thomas H. Manning

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Helen S. Carter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Thomas H. Manning

(Address) 2704 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date June 6 1936

19. UNDERTAKER Archibald W. Gaddis

(Address) 2101 Mc Culloh St.

20. Filed 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leucemia	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schwabe M. D.

Coroner

(Address) 414 E. 1 North Ave.

OCCUPATION IS VERY important. See instructions on back of certificate.

Georgia Louise Boone Allen

HEALTH DEPARTMENT—CITY OF BALTIMORE

24634 F 24634

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR —

2. FULL NAME Mrs Georgia Louise Boone Allen

(a) Residence: No. 3301 Guilford ave. City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. [illegible] Married, Widowed, or Divorced (write word)
Female	White	[illegible]

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Covington X. Allen

6. DATE OF BIRTH (month, day, year) Dec 7 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	41	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER FATHER

13. NAME Grafton Boone

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

15. MAIDEN NAME Rida Revell

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

17. INFORMANT Mr. Felix E.W. Boone

(Address) 200 E. 34 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 8 1936

19. UNDERTAKER Wm. J. Kelly & Sons

(Address) Druid Park Drive & Penna Ave

Embalmed by Huntington Williams

JUN 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 6, 1936

I last saw her alive on June 5, 1936 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 6/4/36

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hosp.

24635 HEALTH DEPARTMENT—CITY OF BALTIMORE 24635

CERTIFICATE OF DEATH

Registered No. 465 / 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Annie C Russell

(a) Residence: No 2747 W. Lafayette Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John B. Russell

6. DATE OF BIRTH (month, day, year) Apr. 26 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Martin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Antel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. John Russell

(Address) 2747 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 6 1936

19. UNDERTAKER Wm J Trefzer & Sons

(Address) Orech & Penna Aves.

FILED JUNE 6 - 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to June 3, 1936

I last saw her alive on June 3, 1936 Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset 5/26

Intestinal obstruction

following operation for

appendiceal abscess com.

cholecystitis - cholelithiasis

Other contributory causes of importance:

Was an operation performed? yes Date of 5-/26

For what disease or injury? appendiceal abscess

Name of operation appendectomy Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis S Dickey, M. D.

(Address) University Hospital

M. D. B. 1268-9

F 24636 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24636

CERTIFICATE OF DEATH

82-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 St. Paul St.) 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Walter Martin

(a) Residence: No. 2402 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced. HUSBAND of (or WIFE of) Almina B. Martin

6. DATE OF BIRTH (month, day, year) April 25 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Refrigerator man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Ry. Co.

10. Date deceased last worked at this occupation (month and year) Apr 25/36

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Not Known Martin

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Not Known Sharp

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs Almina B. Martin
(Address) 2402 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 6, 1936

19. UNDERTAKER Wm. J. Tickner & Son
(Address) North & Paca

20. FILED ..... 19.. ..... Registrar.

C-1330

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936 to June 3, 1936

last saw h alive on June 3, 1936 Death is said to have occurred on the date stated above, at 6.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular thrombosis of femoral artery Gangrene of right leg & right side.	May 28/36
Other contributory causes of importance: Thrombosis of left femoral artery Gangrene of whole body.	May 28

Name of operation No. Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Eastman M. D.

(Address) 1605 N. Monroe Ave

Katherine Tyler Gantt

4637 HEALTH DEPARTMENT—CITY OF BALTIMORE 4637

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Guilford Ave 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME HERMINE TYLER Miss Katherine Gantt

(a) Residence: No. 3207 Guilford ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'd	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co. Md

13. NAME Benjamin E Gantt

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jane Chandler

16. BIRTHPLACE (city or town) (State or country) Georgetown D.C.

17. INFORMANT Miss Nannie Gantt

(Address) 3207 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 6 1936

19. UNDERTAKER Wm J Dubber & Son

(Address) North & Penna Ave

Filed JUN 6 - 1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3 1936 to June 4 1936

I last saw her alive on June 3 1936 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows: Senile Physically Senile.

Date of onset 3 yrs

Other contributory causes of importance: Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A Evans M. D.

(Address) 612 N 40 St

Gertrude Emma Emmrath

24638

HEALTH DEPARTMENT—CITY OF BALTIMORE

24638

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No. 21-36

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Emma Gertrude Emmrath If U. S. Veteran Specify WAR .....

(a) Residence: No. 1152 Carroll St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) About 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adam Emmrath

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Laura Nemm

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date June 9, 1936

19. UNDERTAKER Wm J. Tickner & Son
(Address) North & Pa Ave.

20. FILED JUN 6 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to June 5, 1936

I last saw h.. alive on June 5, 1936 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right upper lobe Pneumonia	6/2
Myocardial failure	6/5

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wallace Dewese, M. D.

(Address) South Balto Gen Hosp.

M. D. B 1268-9

F 24639

24639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 18-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Freddie Lane.(c)

(a) Residence: No. 903 W. Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of Lucy Lane.(c)

6. DATE OF BIRTH (month, day, year) June 3, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	33	11	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence, S.C.

FATHER

13. NAME Robert Lane.(c)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Lucy Lane.(c) wife.

(Address) 903 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. June 6 1936

19. UNDERTAKER Barnum & Brumley

(Address) 818 Pine St.

26. FILED 1936 Christopher [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Depressed fracture of the skull	
Struck by falling iron plate.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/2/36

For what disease or injury? Depressed fracture

Name of operation ..... Date of .....

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/2/36 19

Where did Injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At work.

Manner of injury Fall of iron plate

Nature of injury Depresse... fracture.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Otto M. Himrod M. D. Coroner

6/4/36 (Address) 1017 S. Charles St

F 24640

24640 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34-D-93c

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 11 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Sander Jackson

(a) Residence: No. 146 Dolphin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Harold Jackson

6. DATE OF BIRTH (month, day, year) December 25, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	39	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vegetables

10. Date deceased last worked at this occupation (month and year) April, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbia
(State or country) S. C.

MOTHER FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) Columbia
(State or country) S. C.

15. MAIDEN NAME Esther ?

16. BIRTHPLACE (city or town) Columbia
(State or country) S. C.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 6/8/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 628 W. Biddle St

FILED 1936 Huntington Phillips, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to June 4, 1936

I last saw him alive on June 4, 1936 Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	Unknown
Myocarditis, chronic	?
Other contributory causes of importance: Edema, pulmonary	3 wks

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. an dive, M. D.

(Address) U.S. Marine Hospital

F 24641

24641 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2008 Hunter St 12-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Howard P. Irvin Jr.
(a) Residence: No. 2008 Hunter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: C.
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriett Irvin
6. DATE OF BIRTH (month, day, year): July 6 1869
7. AGE: Years 66; Months 10; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Track Stand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bet O. R.R. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

MOTHER FATHER
13. NAME: Phillip Irvin
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Jane Banister
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Harriett Irvin
(Address) 2008 Hunter St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 6/7/1936
19. UNDERTAKER: Frances G. Keasley
(Address) 1 W. Biddle St
Huntington Williams, Adm
6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7. 1936
22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to June 9 1936
I last saw him alive on June 8 1936 Death is said to have occurred on the date stated above, at 4 h m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Indefinite
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Tapping Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Garland Mitchell M. D.
(Address) 1534 Dumbarton Rd

F 24642

24642

HEALTH DEPARTMENT—CITY OF BALTIMORE

62

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reba Taylor Seattle

If U. S. Veteran specify WAR

(a) Residence: No. 935 W Franklin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Turner

16. BIRTHPLACE (city or town) (State or country) West River Md

17. INFORMANT Ruth Carroll

(Address) 935 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 6/8/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W Biddle St

6-8-1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 6-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1936 to 6-5 1936

I last saw her alive on 6-5 1936 Death is said to have occurred on the date stated above, at 6 35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	3 mos
Other contributory causes of importance: Bronchopneumonia	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Jane M. D.

(Address) University Hospital

24643 F 24643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME May Howard Prince
If U. S. Veteran specify WAR .....

(a) Residence: No. 309 Waterview ave St., Ward. Columbia S.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-4-30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME George E Prince
14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Harriet Howard
16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Darlington Date June 7 1936

19. UNDERTAKER John C. Whitelock & Son
(Address) 1900 Eutaw Place

20. FILED JUN 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to June 6, 1936
I last saw her alive on June 6, 1936 Death is said to have occurred on the date stated above, at 12:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, Congenital	1931
Other contributory causes of importance:	

Was an operation performed? Yes Date of .....
For what disease or injury? .....
Name of operation Cervical Hysterotomy Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard S. Stafford M. D.
(Address) The Johns Hopkins Hospital

M. D. B 1263-9

✓ F 24644

24644

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Aiken St. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose E. Mattare

(a) Residence: No. 1837 Aiken St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of John N. Mattare

6. DATE OF BIRTH (month, day, year) March 28 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys County Md.

FATHER

13. NAME Isabella Perry

14. BIRTHPLACE (city or town) (State or country) St. Marys County Md.

MOTHER

15. MAIDEN NAME Indian Girl

16. BIRTHPLACE (city or town) (State or country) St. Marys County Md.

17. INFORMANT Robert Mattare

(Address) 1837 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/8 36

19. UNDERTAKER Wedeman Cook

(Address) 217 St Paul St

20. FILED [illegible] Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North Ave.

M. D. B 1268-9

24645

✓ F 24645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Abottain St. & Hazlet Rd. St., 9-7 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Wesley Stansbury

(a) Residence: No. 1545 Homestead St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Rae Stansbury

6. DATE OF BIRTH (month, day, year) January 28, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	57	56	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto body builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Freeland (State or country) Md.

FATHER

13. NAME Richard M. Stansbury

14. BIRTHPLACE (city or town) Carroll County (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Catherine Nell

16. BIRTHPLACE (city or town) Stewartstown (State or country) Penna.

17. INFORMANT Mrs. Rae Stansbury

(Address) 1545 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 6/8 '36

19. UNDERTAKER Merriam Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave.

24646 ✓ F 24646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Randolph Waters Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 849 Hamilton Terrace Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 11 - 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	15	6 5	2 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student pd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas R Waters Sr

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Freda Brown

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Thomas R Waters Sr
(Address) 849 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6-7- 1936

19. UNDERTAKER Jos. H. Holland
(Address) Huntington Indiana

FILED 6-1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came to (Inquest, Autopsy or Inquiry)
death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset June 3 1936

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury June 3 1936

Where did injury occur? Druid Hill Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell upon rotated & fell on body

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 502 Courthouse

M. D. B 1268-9

24647 ✓ F 24647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Alfred Brown — If U. S. Veteran specify WAR .....

(a) Residence: No. 408 Railroad Ave St., Towson Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fede	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Brown

6. DATE OF BIRTH (month, day, year) [illegible] 2 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	26	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0870

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation .....

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Towns Md

13. NAME Philip Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lena Jackson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Daisy Brown

(Address) 408 Railroad Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Cem Date 6/6/ 1936

19. UNDERTAKER Frances A Hensley

(Address) 378 W Biddle St

Registrar.

FILED 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3/36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fracture skull	
fracture 4 & 5 ribs Rt	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 6/3, 1936

Where did injury occur? York & Oakley Aves (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Automobile struck a

Nature of injury Safety Pylon

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luther Leahy Asst Coroner, M. D.

(Address) 907 N Monroe St

24648 Ada Gulley F 24648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Carrollton Av St. 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ada Gulley

(a) Residence: No. 502 N. Carrollton Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Gulley

6. DATE OF BIRTH (month, day, year): Aug 29 1877

7. AGE — Years: 58 | Months: 10 | Days: 7 | 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Montgomery Ala.

FATHER

13. NAME: Abe Johnson

14. BIRTHPLACE (city or town) (State or country): Ala

MOTHER

15. MAIDEN NAME: Ellen

16. BIRTHPLACE (city or town) (State or country): Ala

17. INFORMANT: Lonie Payne

(Address) 502 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6-9- 1936

19. UNDERTAKER: Samuel H. Chase & Son

(Address) 638 N. Eutaw St.

(Filed) JUN 6 - 1936, 19 ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to June 5 1936

I last saw him alive on June 5, 1936 Death is said to have occurred on the date stated above, at 11 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr 30
Cellulitis Forearm	6/6/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. N. Pigott M. D.

(Address) 536 W. Lanvale St.

F 24649

M. D. B 1268-5

24649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise H. Reinisch.

(a) Residence: No. 2628 Ashland Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, divorced~~ (or) WIFE of Louis Reinisch.

6. DATE OF BIRTH (month, day, year) July 10, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Kolb.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Matguerita Ulrich.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louise Mac Kenzie. (daughter)

(Address) 2628 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 8 1936

19. UNDERTAKER Lilly & Breiter

(Address) 1005 W. Baltimore

20. F... 6-1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the left femur.	4/18/36
Accidental fall to the floor,	
Broncho-pneumonia, Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/18/36

Where did injury occur? 2628 Ashland Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fall to the floor.

Nature of injury Fracture of left femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louise Reinisch M. D. Coroner

6/5/36 Address 1017 S. Charles St.

M. D. B 1268-9

24650

F 24650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 1-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brantley C. Parks Jr. If U. S. Veteran specify WAR ...

(a) Residence: No. 2229 Cambridge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 28-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Brantley C. Parks Sr

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lana Crocker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Brantley Parks
(Address) 2229 Cambridge St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Thomas Date June 8 1936

19. UNDERTAKER Lilly & Zile Inc
(Address) 4031 Wolfe St

20. FILED 6-8-1936 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/4/36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? C. C. Date of injury 6/4 1936

Where did injury occur? Street & Howard Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Was passenger in Aunt who was holding baby & fell & fractured skull

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Reuben Gentry Asst. Coroner M. D.

(Address) 907 N. Charles

F 24651 F 24651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.....

CITY OF BALTIMORE: (No. 1-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Walter Waddell If U. S. Veteran specify WAR.....

(a) Residence: No. Lutherville St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year): 1-18-79

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.C.

13. NAME: William Waddell

14. BIRTHPLACE (city or town) (State or country): N.C.

15. MAIDEN NAME: Martha Richardson

16. BIRTHPLACE (city or town) (State or country): N.C

17. INFORMANT: Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place: Green Ridge Date: 6/8, 1936

19. UNDERTAKER: Forrest & Norred

(Address) Lutherville Md.

20. FILED ....., 19.... ....., Registrar

F-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to June 5, 1936

I last saw him alive on June 5, 1936. Death is said to have occurred on the date stated above, at 9.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/1/36
Pneumococcus Septicemia	?

Other contributory causes of importance:

Was an operation performed? ....Date of....

For what disease or injury? ....

Name of operation.... Date of....

What test confirmed diagnosis? >> Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) Joseph F. Sadusky Jr. M. D.

(Address) Johns Hopkins Hospital

24652 Dr Artigiani 2942 E Fayette St

1446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24652

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 422 N. Clinton St., (Ward) 16-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Whitcomb

(a) Residence: No. 422 N Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda Whitcomb

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years 74 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Maryland.

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Arthur L Loyd

(Address) 424 N Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Co. Date 6-8 1936

19. UNDERTAKER: Bernard C. Harder

(Address) 121 E. West St.

20. FILED 19

NT-1550

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 1936 to June 5th, 1936.

I last saw him alive on June 5th, 1936. Death is said to have occurred on the date stated above, at 9.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	Unknown
Chronic Myocarditis	"
Acute Bronchitis	5/5/36.
Other contributory causes of importance:	
Broncho-pneumonia	5/11/36
Myocardial Failure	6/4/36

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Philibert Artigiani M. D.

(Address) 2942 E. Fayette Street.

6 31 to 8 PM

Dr Geo Lybert 2802 Harford Ave

F 24653

F 24653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Homestead St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Kaufp.

(a) Residence: No. 1731 Homestead St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert J. Kaufp.

7. DATE OF BIRTH (month, day, year) Feb. 22 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Gotleib Ferdst

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Frank Miller

(Address) 1610 E. 31st St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6-9 1936

19. UNDERTAKER Mrs Chas A. G. Rohde

(Address) 2327 Edmondson Ave

JN 7 - 1936 19.. Register No. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1932 to 6-6-1936

I last saw her alive on 6-4 1936 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	about 4 yrs.

Other contributory causes of importance:

Chr. Myocarditis	Unknown
Lac. Bronchitis	5/28/36

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo B. Lybert M. D.

(Address) 2802 Harford

M. D. B. 1268-9

F 24654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Jefferson St. 5-1 Ward)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Ernest (Pete) Lee

(a) Residence: No. 1427 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Luthie Lee —

6. DATE OF BIRTH (month, day, year) May 5 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME William H. Lee Sr.

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Susan Boston

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William H Lee Sr

(Address) 1427 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 6/8/ 19 36

19. UNDERTAKER Mrs Chas E. Bailey

(Address) 1424 Jefferson St

Filed June 8 1936 Registrar

20. FILED 6-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 4 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen Coroner M. D.

(Address) 507 Linwood Ave

M. D. B. 1208-a

F 24655

F 24655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V122-B

1. PLACE OF DEATH Hospital for the Women of Maryland

CITY OF BALTIMORE: (No. Lafayette & John St) (If not in Baltimore City, write name of County) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nettie Turner

No War Record

(a) Residence: No. Odenton, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) John W. Turner Sr

6. DATE OF BIRTH (month, day, year) Aug 17th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

FATHER

13. NAME Wm Q. Jones

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Sallie Merson

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT John W. Turner Sr.

(Address) Odenton Md

18. BURIAL, CREMATION, OR REMOVAL Nichols Memorial Cemetery

Place Odenton Md Date June 9th 1936

19. UNDERTAKER Wm Cook

(Address) 127 S Paul St

FILED JUN 9 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4 1936, to June 6 1936

I last saw her alive on June 6 1936. Death is said to have occurred on the date stated above, at 4:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	5/31/36
Peritonitis	6/5/36

Other contributory causes of importance:

Hypertension	?
Myocardial failure	6/1/36

Name of operation Colostomy to relieve obstruction Date of 6/5/36

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Womens Hospital Baltimore, Md

Spec.—2-29-28—L. F. S.—500 Bks.

F 24656 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24656

51-B

CERTIFICATE OF DEATH

1—PLACE OF DEATH 825 S Charles St REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fredk W. Holthouse

(a) RESIDENCE NO. 825 S Charles ST., WARD No Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Holthouse

DATE OF BIRTH (month, day, and year) March 20 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	17	16

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Do do

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Yard

(c) Name of employer Redmond Vane

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Joseph Holthouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Annie Holthouse

(Address) 825 S Charles St

Filed JUN 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6/36

17 I HEREBY CERTIFY, That I attended deceased from dec 16, 1935, to June 6, 1936

that I last saw h[illegible] alive on June 6, 1936

and that death occurred, on the date stated above, at 10:40 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of urinary Bladder

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. 7 mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Cystoscope

(Signed) J. Miller Stitt M. D.

6/6, 1936 (Address) 1310 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL June 9th 1936

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

24657 F 24657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sara Chamtker

(a) Residence: No. 5 Irvine Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Chamtker

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Florin Chamtker
(Address) 90 Calvert St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 6/7/36

19. UNDERTAKER Jack Lewis Fine
(Address) 1139 E. Baltimore St.

20. FILED 6-7-1936 Clayton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann M. D.
Coroner

(Address) 215 Hanover

M. D. P. 1268-9

F 24658

24658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore St. Hosp Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Rymland

(a) Residence: No. 2103 Callow Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of ~~WIFE of~~: Anna

7. DATE OF BIRTH (month, day, year): 1875

8. AGE: Years 61; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Louis Rymland.

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Mollie ?

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Murray Rymland
(Address) 817 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cemetery Date June 7, 1936

19. UNDERTAKER: Sol Levinson Bro
(Address) 112 E Baltimore

20. FILED 19 ~~Huntington Baltimore~~ Registrar
1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7 36

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936 to June 7, 1936
I last saw him alive on June 7, 1936 Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis C	?
Hypertension	
Uremia	5/29/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Morton Levin M. D.
(Address) W.B.G.H

F 24659

F 24659 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Aisquith St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sr. M. Rosebia Schneider

(a) Residence: No. Convent of Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1871

7. AGE 64 Years | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Frances Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helen Ludwig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sisters of Notre Dame
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Notch Cliff Date June, 8th 1936

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N Wolfe St

20. FILED 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to June 5 1936

I last saw her alive on June 19 1936 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Ascendens Colon + Acute Ileus — Date of onset

Other contributory causes of importance: Thrombosis

Was an operation performed? Yes Date of June 1935

For what disease or injury? Carcinoma Colon

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Kirby M. D.

(Address) 110 E Northern Ave

F 24660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 N. Fulton Ave Ward) 15-2

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Lessner

(a) Residence: No. 1816 N. Fulton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret E. Lessner

7. DATE OF BIRTH (month, day, year) Dec 10th 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Lessner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME 2. Shower

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Lessner

(Address) 1642 Chilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 8th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 6-7-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4 1936 to June 4 1936

I last saw him alive on June 4 1936 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	1936
Acute Edema	1936
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Arteriosclerosis	Jan 1936

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

Date, specify

(Signed) N. E. Hauch M. D.

(Address) 1923 W Mulberry

M. D. B. 1268-B

F 24661

24661 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Carey St., 18-2 Ward)

Length of residence in city or town where death occurred About 50 Yrs. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Annie V. Andrews

(a) Residence: No. 107 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Andrews

7. DATE OF BIRTH (month, day, year) Sept. 14, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boarding House Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England.

13. NAME Harris Harris

14. BIRTHPLACE (city or town) (State or country) London, England

15. MAIDEN NAME Fannie Schiff

16. BIRTHPLACE (city or town) (State or country) London, England.

17. INFORMANT Miss. Irene Fink,
(Address) 107 N. Carey St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date June 8, 1936

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

FILED 7-1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/29 1936 to 6/5 1936

I last saw h.. alive on 6/5 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Aortic insufficiency & decompensation

Date of onset 6/2

Other contributory causes of importance:
General Arteriosclerosis
Hypertension
Cardiac hypertrophy + dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank H Hurstenberg M. D.

(Address) 511 Cathedral St.

24662 F 24662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2239 Homewood Av St., 9-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 38 yrs. 10 mos. 7 da.

If U. S. Veteran specify WAR. NONE

2. FULL NAME Robert Elmer Wilson

(a) Residence: No. 2239 Homewood Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida A Wilson

DATE OF BIRTH (month, day, year) July-29-1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt Copper Works

10. Date deceased last worked at this occupation (month and year) June-4-1936

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Worcester Massachusetts

13. NAME Thomas Wilson

14. BIRTHPLACE (city or town) (State or country) unknown unknown

15. MAIDEN NAME Mary Gould

16. BIRTHPLACE (city or town) (State or country) unknown Ireland

17. INFORMANT Mrs Ida A Wilson (wife)

(Address) 2239 Homewood Av

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date June 8 1936

19. UNDERTAKER Stewart & Monnt Co.

(Address) 108 W Lexington Ave.

FILED 19 Registrar.

6-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-5-1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936, 19..., to June 5, 1936

I last saw him alive on June 3, 1936. Death is said to have occurred on the date stated above, at 3a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance: High Blood Pressure	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos E. Wilson M. D.

(Address) 3 W. Biddle St

M. D. 24663 ✓ F 24663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 Washington Bulv. St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 03 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. Todd

If U. S. Veteran specify WAR

(a) Residence: No. 651 Washington Bulv. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. W. Todd

6. DATE OF BIRTH (month, day, year) Dec. 3, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	63	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Todd

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Howe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harriet Howe

(Address) 651 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/7 1936

19. UNDERTAKER Edmund Deltan

(Address) 622 Washington Blvd

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2757 W. Cold[illegible]

2.1664 I 21664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9-7 St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Patricia Topper

(a) Residence: No. Emmitsburg, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 26, 1935.

7. AGE: Years 1; Months 4; Days 11; If LESS than 1 day, ... hrs. or ... min. 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Emmitsburg Md.

13. NAME: David Curtis Topper

14. BIRTHPLACE (city or town) (State or country): Penna.

15. MAIDEN NAME: Anna Myers.

16. BIRTHPLACE (city or town) (State or country): Emmitsburg Md.

17. INFORMANT: Parents.
(Address) Emmitsburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg Date 6/8 ... 1936

19. UNDERTAKER: M. F. Topper & Bro.
(Address) Emmitsburg Md.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936 to June 7, 1936

I last saw h[illegible] alive on June 7, 1936. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset at birth
Congenital heart disease	
Streptococcus meningitis	5-30-36

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stiles Jr., M. D.

(Address)

M. D. B 1288-9

F 24665

F 24665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Luther W. Trott

(a) Residence: No. Arnolds A.A.Co. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

FATHER

13. NAME Henry Trott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Hall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry Trott
(Address) Arnolds Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Date June 8, 1936

19. UNDERTAKER S. L. Hopkins
(Address) Annapolis Md.

20. FILED JUN 8 1936 Burton Millington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestion	
Malnutrition	
Old Age	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Sandelius M. D.
Coroner

(Address) 3757 Eastern Ave

M. D. B. 1268-b

F 24666

F 24666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108 ✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1/2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Garrison Welling

(a) Residence: No. Mercy Hospital St., ... Ward. Parkersburg W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): May-24-1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Parkersburg W. Va.

13. NAME: Homer Welling

14. BIRTHPLACE (city or town) (State or country): Waverly W. Va.

15. MAIDEN NAME: Mabel Garrison

16. BIRTHPLACE (city or town) (State or country): Waverly W. Va.

17. INFORMANT: Mr. Homer Welling (Father)
(Address) Parkersburg W. Va

18. BURIAL, CREMATION, OR REMOVAL: Place Parkersburg W. Va. Date June 9, 1936

19. UNDERTAKER: Stewart Mowen Co.
(Address) 128 W Fayette Ave.

JUN 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Left	6/2/36
Left Pneumothorax	6/1/36

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Emma B. Wallace, M. D.

(Address) 103 St. Paul St. Coroner

T 24667

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 24667

CERTIFICATE OF DEATH

x 82-6 ✓

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph McGinnes If U. S. Veteran specify WAR Pvt. Co. I. 71-Md. Vol. Inf.

(a) Residence: No. 5321 Wisconsin Ave St., Ward Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary McGinnis

6. DATE OF BIRTH (month, day, year): Mar 7/1895

7. AGE: Years 41 | Months 3 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Horse trainer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Race track
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jersey City N.J.

13. NAME: Bernard McGinnis

14. BIRTHPLACE (city or town) (State or country): Jersey City N.J.

15. MAIDEN NAME: Catherine Holden

16. BIRTHPLACE (city or town) (State or country): Jersey City N.J.

17. INFORMANT: Mary McGinnis
(Address) 171 Duncan Ave Jersey City N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place: Potters Jersey City N.J. Date: June 10 1936

19. UNDERTAKER: Harry A Annacostas
(Address) 4204 Edgewood Ave

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to June 7, 1936
I last saw him alive on June 7, 1936 Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. Kelly M. D.
(Address) Sinai Hospital

Spec.—8-16-29—1. F. S.—100 Bks.

F 24668

24668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1611 N. Regester ST. 8-16 WARD)

2—FULL NAME John W. Fallon

(a) RESIDENCE NO. 1611 N. Regester ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Mary M. Fallon

DATE OF BIRTH (month, day, and year) Nov 17-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John C. Fallon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Hohmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Mrs. Mary M. Fallon

(Address) 1611 N. Regester St.

Filed [illegible] Registrar

6-8-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-36

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to June 4 1936

that I last saw h[illegible] alive on June 4 1936

and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Coronary Sclerosis

arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

6-6 1936 (Address) 800 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 6-8-36

20 UNDERTAKER Wendell E. Humphreys — ADDRESS 5307 Harford

F 24669

24669

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 W Cross St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Parker

(a) Residence: No. 208 W Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1888

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

13. NAME John Parker

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ida Parker

(Address) 922 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/8/36 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1010 W Montgomery St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/30 1936 to 6/4 1936

I last saw him alive on 6/3 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
7 days	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D W Francisco M. D.

(Address) 1222 W Lee

18-1000

24670 -4-

F 24670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-4 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 S. Fulton Ave St., 14 (Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Louis Heiner Krise

If U. S. Veteran specify WAR .....

(a) Residence: No. 518 S. Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Jennie Fredericka Krise

6. DATE OF BIRTH (month, day, year) Apl. 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger & Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmittsburg Md.

13. NAME OF FATHER Geo. William Krise

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Rebecca Stover

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr. Charles D. Krise Jr.

(Address) Blue Ridge Summit Pa

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date June 9 1936

Place

19. UNDERTAKER Wm. Tucker Sons

(Address) North & Paves.

20. FILED June 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 6, 1936

that I saw him alive on June 6, 1936. Death is said to have occurred on the date stated above, at 2.05 P m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 6-6-36

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Sehulz, M. D.

(Address) 545 Fulton Ave.

M. D. B. 1908-09

24671 HEALTH DEPARTMENT—CITY OF BALTIMORE 24671

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Home for Incurables St., 13-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ann Carmichael Nott

(a) Residence: No. Home for Incurables St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
87	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER
13. NAME Robert M. Nott
14. BIRTHPLACE (city or town) Fredericksburg
(State or country) Virginia

MOTHER
15. MAIDEN NAME Isabella Welch
16. BIRTHPLACE (city or town) Annapolis
(State or country) Md

17. INFORMANT Hospital Records
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 8, 1936

19. UNDERTAKER J. H. Richardson & Sons
(Address) [illegible]

20. FILED JUN 8 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935 to June 6, 1936. I last saw h[illegible] alive on June 5th, 1936. Death is said to have occurred on the date stated above, at 2 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Uric uremia	week
Other contributory causes of importance: Chronic Arthritis	June 1934

Name of operation None Date of —
What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Medical Arts Bldg

M. D. R. 1265-9

24672 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24672

CERTIFICATE OF DEATH

92-V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1271 Washington Blvd. St. 21-V Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susanna Fox

(a) Residence: No. 1271 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Fox

6. DATE OF BIRTH (month, day, year) October 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	7	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Brooks

14. BIRTHPLACE (city or town) .....
(State or country) England

15. MAIDEN NAME Margaret Fortney

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Margaret DaCosta
(Address) Manhattan Eye & Ear Hosp., N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 8 19 36

19. UNDERTAKER Robt. H. Poor
(Address) 100 N. Baltimore St.

20. FILED 6-8- 1936 Acting for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 , 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 , 1936 to June 5 , 1936

I last saw her alive on June 4 , 1936. Death is said to have occurred on the date stated above, at 2.05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Mitral Stenosis	
Hypostatic Pneumonia	June 2-36

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Morley Stoaf M. D.

(Address) 729 Washington Blvd.

F 24673

24673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×/95-B

Registered No.

1. PLACE OF DEATH St. agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave. St. 25-1 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Karl H. Strott

(a) Residence: No. 110 Osborne Ave., Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Strott Elizabeth Strott

7. DATE OF BIRTH (month, day, year) April 28, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo. H. Strott & Son

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Mr. John Charles Strott

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Marie Elizabeth Reus

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Elizabeth Strott

(Address) 110 Osborne Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 6" 1936

19. UNDERTAKER Geo. H. Strott & Son

(Address) 100 N. Baltimore St.

JUN 8 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to June 6, 1936

last saw h alive on June 6, 1936. Death is said to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hypertensive cardio	
Vascular disease	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Karl F. Meeh M. D.

(Address) St. Agnes' Hospital

T 24674

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 24674

CERTIFICATE OF DEATH

87-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3221 Abell Ave Ward 7-W
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs..mos. 7 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Anne Rebecca Dixon

(a) Residence: No. 3221 Abell Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James T. Dixon

DATE OF BIRTH (month, day, and year) June 7- 1858

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	78	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Maryland
(State or country)
13. NAME OF FATHER Thomas Goddard
14. BIRTHPLACE OF FATHER (City or town) Maryland
(State or country)
15. MAIDEN NAME OF MOTHER Margaret Shields
16. BIRTHPLACE OF MOTHER (City or town) Baltimore
(State or country)
17. INFORMANT Mary S. Dixon
(Address) Cockeysville, Md
18. BURIAL, CREMATION, OR REMOVAL Cockeysville Md June 9 1936
19. UNDERTAKER Chas. J. Dyer Son
(Address) 118 N. Mt. Royal Ave.
20. FILED JUN 8 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936
22. I HEREBY CERTIFY, That I attended deceased from April, 1930. to June 6, 1936
I last saw her alive on June 6, 1936. Death is said to have occurred on the date stated above, at 4.35A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Arterio-sclerosis with hypertension.	

Was an operation performed? No Date of .....
For what disease or injury? No
Name of operation None Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Leonard L. Abercrombie M. D.
(Address) 18 N. Franklin St
Cockeysville, Md.

F 24675

24675 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2431 Jefferson St. 6-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Mary E. Coleman

(a) Residence: No. 2431 Jefferson St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): June 16 1882

AGE: Years 53; Months 11; Days 19; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Darius Coleman

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary Lademore

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs. Geo. Cunningham

(Address) 2431 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Com Date 6/5/36 19

19. UNDERTAKER: Philip Herring & Sons

(Address) 2016 Eastern Ave

20. FILED 6-5-1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 4, 1936

I last saw her alive on June 4, 1936. Death is said to have occurred on the date stated above, at 10:2 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: June 1 1936

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Valentine M. D.

(Address) 1211 E. Broadway

24676 Buchheister 24676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

Registered No. 6-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Gen. Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Theresa Buchheister If U. S. Veteran specify WAR

(a) Residence: No. 4621 Kavon St. Ann Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond E. Buchheister

7. DATE OF BIRTH (month, day, year) Sept. 20, 1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49 years	8 mo	17 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dwelling

10. Date deceased last worked at this occupation (month, day, year) May 31 - 1936

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Hylzachuch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine King

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Raymond E. Buchheister

(Address) 4621 Kavon Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 6/10/36

19. UNDERTAKER Conrad J. Puch & Co.

(Address) 320 N. Eutaw St.

Registrar.

FILED 6-8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936 to June 7, 1936

I last saw her alive on June 7, 1936. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	6 mo.

Other contributory causes of importance:

Incisional Hernia	15 mo.
Abdominal Adhesions	15 mo.

Was an operation performed? Yes Date of 6-1-36.

For what disease or injury? Carcinoma of Sigmoid

Name of operation Resection of Sigmoid Date of 6-1-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

M. D. B 1268-9

F 24677

24677 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-1 82-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. # 1820 W. Fairmount Ave Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Dolan

(a) Residence: No. # 1820 W. Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Peter Dolan

6. DATE OF BIRTH (month, day, year) unknown 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Richard Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McTigue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary E. Brooke

(Address) # 1830 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/9/ 1936

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

6-8 1936 19 [signature] Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6/ 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

April 20th, 36

Cerebral Hemorrhage

(Hemiplegia)

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

F 24678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Hayden

If U. S. Veteran specify WAR .....

(a) Residence: No. 1217 N. Milton Ave., Ward. Balto Md (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William E Hayden

DATE OF BIRTH (month, day, year) 3/15/1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Robert Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Hayden

(Address) Wilkinsburg Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 5, 1936

19. UNDERTAKER Chas L. Ellis

(Address) 1501 E Fort Ave

20. FILED June 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire Shock	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 3 1936

Where did injury occur? Wilkinsburg Pa (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision between two autos?

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bentley Ayers M. D. Coroner

(Address) 907 N Howard St

24679

F 24679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. x 117-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-W St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 1/4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Baker.

(a) Residence: No. R.D. 11 Sunken Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916-9-19

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

13. NAME Mary Baker

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

15. MAIDEN NAME Bessie M. Fossett

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

17. INFORMANT Mr. Harry A. Baker

(Address) R.D. 11 Sunken, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place M. Pleasant Cem. Date June 10, 1936

19. UNDERTAKER L. M. Gross

(Address) Westfield Huntingtown Williamsport

FILED 8-1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1936 to 6/7, 1936

I last saw h[illegible] alive on 6/7, 1936 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, pelvic, then	6/1/36
Peritonitis	6/1/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/4/36

For what disease or injury? Perforated appendix then

Name of operation Exploratory Date of 6/4/36

What test confirmed diagnosis? Death Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) University Hospital

24680

F 24680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 12-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 E University Pkwy (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

2. FULL NAME Lilly May Moore

(a) Residence: No. 300 E University Pkwy Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward L Moore

7. DATE OF BIRTH (month, day, year) Feb 25-1881

8. AGE: Years 55 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward Funk

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizabeth Ward

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward L. Moore

(Address) 300 E University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 9 36

19. UNDERTAKER Patterson & Goff

(Address) 2240 N Charles St

FILED JUN 8 1936 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/12 1932 to 6/6/36 19

I last saw h[illegible] alive on 6/6/36 19 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard E Birch M. D.

(Address) 2229 St Paul St.

24681 F 24681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 5-8

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mr George Mowbray

(a) Residence: No. 2402 Elsinore Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Mowbray

DATE OF BIRTH (month, day, year) Aug 23, 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dist Columbian

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) -

15. MAIDEN NAME -

16. BIRTHPLACE (city or town) (State or country) -

INFORMANT Mrs G Mowbray

(Address) 2402 Elsinore Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Easton Md Date June 9th 1936

18. UNDERTAKER Peter Boyle & Son

(Address) 2224 N Charles St

Filed JUN 8 - 1936, 19... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/21/36. 19..., to 6/6/36. 19... I last saw him alive on 6/6/36. 19... Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophied Prostate with Hemorrhage in posterior Urethra — Date of onset 1933

Other contributory causes of importance:

arteria-sclerosis, Myocarditis Emphysema.

Was an operation performed? Yes Date of 5/21/36

For what disease or injury? Hemorrhage in Posterior Urethra

Name of operation Cystoscopy + Electrocoagulation of bladder neck Date of 5/21/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Josiah A. Hunt M. D.

(Address) Md. Gen. Hospital.

24682

F 24682

3 14 235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... Yr

2. FULL NAME Mary Davidson

(a) Residence: No. 309 N. Fulton ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-8-58

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Davidson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emily Woodward

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date June 7 1936

19. UNDERTAKER Edward E. Leitch & Co.

(Address) 2324 Eutaw Pl.

Filed JUN 8 - 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936 to June 6, 1936

I last saw her alive on June 6, 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulonephritis	?
Bronchopneumonia	6-4-36

Other contributory causes of importance:

Arteriosclerosis - uncomplicated

Hypertension and cardiovascular disease

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

1683

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 24683

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH — Tuberculosis Division U-12982 Baltimore City Hospitals Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St.,

Length of residence in city or town where death occurred abt 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Burns

(a) Residence: No. 433 East Lynn Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Burns

6. DATE OF BIRTH (month, day, year) August 31, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	6 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Millard White

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Maude Swank

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Husband Rounds

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date June 8th 1936

19. UNDERTAKER A. J. Jones

(Address) 111 N. Eutaw St

JUN 8 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936 to June 6, 1936

I last saw her alive on June 6, 1936 Death is said to have occurred on the date stated above, at 1.55 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Jan. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo H. Feldman M. D.

(Address) Baltimore City Hospitals

F 24684

F 24684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gloria Lauretta Wall

(a) Residence: No. 1723 Madison Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 18, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Wall

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Ruth Miller

16. BIRTHPLACE (city or town) (State or country) Fremont N. C.

17. INFORMANT Ruth Wall

(Address) 1723 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 8, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St. Huntington Station, Md

19. FILED ... 19 ... Registrar

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.7. 1936

22. I HEREBY CERTIFY, That I attended deceased from 5.14 1936 to 6.7 1936

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

Miliary tuberculosis — Date of 6.10.36

Other contributory causes of importance:

Bilateral otitis media — 6.10.36

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO. If so, specify

(Signed) K. H. Jackson — M. D.

(Address) 600 N. Arlington

D. P 1268-9

24685 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24685

CERTIFICATE OF DEATH

Registered No. 7-210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russell R Oliver No War Record

(a) Residence: No. 301 W. 31st St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 20th 1929

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ross A. Oliver

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Helen Cowley

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Ross Oliver

(Address) 301 E. 31st St

BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 8th 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, M.D.

FILED 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible], to [illegible] 19[illegible]. I last saw h[illegible] alive on [illegible] 19[illegible]. Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	6/2/36

Other contributory causes of importance:

Name of operation Craniotomy Date of 6/3/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 6/2, 1936

Where did injury occur? Apt 27th St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Specify how injury occurred Struck by taxi while walking on Greenmount Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen Cowley Oliver M. D. Coroner

(Address) 907 N. Charles

24686 24686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH Tuberculosis Division Registered No. 14389
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Lottie Hamilton

(a) Residence: No. 2713 Greenmount Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of George Hamilton

7. DATE OF BIRTH (month, day, year) October 25, 1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Louis Packheim
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME Carrie Mayfield
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 9th 1936
19. UNDERTAKER Wm. Cook
(Address) 1217 St Paul St
20. FILED June 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 6, 1936
I last saw her alive on June 6, 1936. Death is said to have occurred on the date stated above, at 5.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	April 1936
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes
25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leon H. Feldman, M. D.
(Address) Baltimore City Hospitals

8-1936

24687 ✓ F 24687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 Painters Court St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob G. Redding

If U. S. Veteran specify WAR .....

(a) Residence: No. Jefferson, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary H

6. DATE OF BIRTH (month, day, year) Mar. 19 65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Carroll Co (State or country)

MOTHER FATHER

13. NAME Frederick Redding

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Ellen Jane Weaver

16. BIRTHPLACE (city or town) Penna (State or country)

17. INFORMANT Saranda M. Lawson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Union Cem Date June 9. 19 36

19. UNDERTAKER J. F. Elgin & Sons Funeral Home Huntingdon Pennsylvania

(Address)

20. FILED ..... 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7. 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. C. Wallace M.D.

(Address) 1031 St. Paul St.

L. D. B. 1269-9

F 24688

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24688

CERTIFICATE OF DEATH

1-5122-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 10 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 56 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Hofmeier

(a) Residence: No. Eastern Avenue Road St., Essex Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Conrad Hofmeier

DATE OF BIRTH (month, day, year) Oct. 30, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mr ? Steinkraus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Hofmeier (son)
(Address) 738 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel Cem. Date 6/7 1936

19. UNDERTAKER John G. Connelly
(Address) Essex Md.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936, to June 6, 1936.
Last saw h-er alive on June 6, 1936 Death is said to have occurred on the date stated above, at 1 05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	6-5-36
Intestinal Obstruction	6-5-36
Gangrene of Small Intestine	6-5-36
Other contributory causes of importance:	
Cardiac Failure	6-5-36
Intestinal Toxemia	6-5-36

Name of operation Relief of Strangulated Bowel Repair of Ventral Hernia Date of 6-5-36

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Carlton H. Adams M. D.
(Address) Church Home & Inf.

F 24689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-5 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Putschky.

(a) Residence: No. 3502 Curtis Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~Married, Widowed, or Divorced~~ (or) WIFE of William Putschky.

6. DATE OF BIRTH (month, day, year) April 8, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christian Ruppert.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Kriel.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John Putschky. (son)

(Address) 339 Washburn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date JUNE 8 1936

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED Huntington Pulliam

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

6/6/36 (Signed) Otto M Reinhardt M. D. Coroner

(Address) 1017 S. Charles St.

H. D. B 1268-9

24690 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24690

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital 210-M Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John D Brennan

(a) Residence: No. 610 S Rossiter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A Brennan

DATE OF BIRTH (month, day, year) 6/4-1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2 0	4 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman B & O RR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Brennan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Brennan
(Address) 610 S Rossiter St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 10, 1936

19. UNDERTAKER J Fenton McCauley
(Address) 1200 E Lombard St

20. FILED JUN 8 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6/36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sue. 7-8-9-10-12 Rib	5/19/36
Cerebral Embolism	5/19/36

Other contributory causes of importance:
Pneumonia -

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 5/19, 1936

Where did injury occur? Nearby Roseville Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street or Highway

Manner Collision between two autos

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Bailey Coroner M. D.

(Address) 907 N Charles St

F 24691 ✓ F 24691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 12-5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1606 Latrobe St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Scott. If U. S. Veteran specify WAR

(a) Residence: No. 1606 Latrobe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colo.	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob.

DATE OF BIRTH (month, day, year) August 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	64	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keyesville Va.

13. NAME Jacob Good.

14. BIRTHPLACE (city or town) (State or country) Keyesville Va.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Millie Barnes.
(Address) 822 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Keyesville Va. Date June 8 1936

19. UNDERTAKER Mrs Robert D. Elliott & Daughter
(Address) 1129 N. Gardner St.

FILED 19 Registrar

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936 to June 5 1936

I last saw her alive on June 5 1936 Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	June 2
Other contributory causes of importance: Edematous Gastro enteritis	May 23

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical, Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Maceo Williams M. D.

(Address) 1830 Madison Ave.

M. D. B. 1268-9

F 24692

24692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2669 Wilkins Ave. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roland Morris

(a) Residence: No. 2669 Wilkins ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Morris

6. DATE OF BIRTH (month, day, year) Nov 7 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

13. NAME James C. Morris

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Grace Anna Rivers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ernest Kirschke

(Address) 2669 Wilkins ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 8 — 1936

19. UNDERTAKER F. D. Shubert & Son

(Address) 1504 Eutaw Place

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 — 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24 1936 to June 6 1936

I last saw him alive on June 6 1936 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease	
cerebral embolism	May 24 1936
Other contributory causes of importance:	
Pneumonia	May 24 1936

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw Pleasants M. D.

(Address) 1904 W. Baltimore St.

Spec.—9-30—A. & Co.—250 Bks

F 24693

24693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-D

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3203 Echodale Ave. W. 7-3

2-FULL NAME Nettie E. Wolff.

(a) RESIDENCE NO. 3203 Echodale Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Geo. M. Wolff

6 DATE OF BIRTH (month, day, and year): May 30 1874

7 AGE: Years 62; Months; Days 9 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Darlington Wis

PARENTS

10 NAME OF FATHER: John Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Buffalo N. Y.

12 MAIDEN NAME OF MOTHER: Harriett Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York St. N.Y.

14 Informant: Emma Legge

(Address) 3203 Echodale.

15 Filed 1936, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7th 1936

17 I HEREBY CERTIFY, That I attended deceased from May 21st, 1936, to June 7th, 1936, that I last saw her alive on June 7th, 1936, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Rectum

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) R. K. Gorely M. D.

6-8, 1936 (Address) 6706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Milwaukee Wisc.

DATE OF BURIAL: June 12 - 1936

20 UNDERTAKER: F. D. Nippert & Son

ADDRESS: Baltimore Md

F 24694

24694 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Fait Ave. St. 26-9 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. No

2. FULL NAME Edward Hubbard

(a) Residence: No. 3706 Fait Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Hubbard

DATE OF BIRTH (month, day, year) Jan. 8, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	30	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor (Traveling)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Shipping Board

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Mos.

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Clay Hubbard

14. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

15. MAIDEN NAME Margaret Lentz

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Emma M. Hubbard

(Address) 3706 Fait Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cemt. Date June 10 1936

UNDERTAKER George W. Gibbler

(Address) 1737 E. Eager St.

FILED [illegible]

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1935 to June 7 1936

I last saw him alive on June 7 1936. Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1936
Carcinoma of Bladder (Ca)	1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward F. Kellman, M. D.

(Address) 3507 Fait Ave

T 24895

24895

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-1 Ward)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Rudolph Kramer

(a) Residence: No. 3307 Southern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Kramer

DATE OF BIRTH (month, day, year) Aug 26, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	9	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank 9062

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 6

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Franz Rudolph Kramer

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Sophia Friedmuller

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

INFORMANT Miss Elizabeth Kramer

(Address) 3307 Southern ave.

BURIAL, CREMATION, OR REMOVAL

Pl Oakwood Cemetery June 9 '36

UNDERTAKER Frederick Lobaugh & Sons

(Address) 7401 Belair Road

FILED 1936 [illegible] Registrar.

JEPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6/36

22. I HEREBY CERTIFY, That I attended deceased from 5/19/36 to 6/6/36

I last saw h.. alive on 6/5/36 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Chronic nephritis
Uremia.

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John M. Ragnatz M. D.

(Address) Mary Land Avenue & Bros

F. 24698

HEALTH DEPARTMENT—CITY OF BALTIMORE

24698

46-B

CERTIFICATE OF DEATH

Registered No. 14319

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Daniel Waters

(a) Residence: No. 1131 McElderry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12-21-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6/8/36 19

19. UNDERTAKER Ray Ford & Harris Wright
(Address) 1218 McElderry

20. FILED 6-8-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1936, to 6/4, 1936
I last saw him alive on 6/4, 1936 Death is said to have occurred on the date stated above, at 8.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Jan. 36
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.
(Address) Baltimore Hosp.

Spec.—9-30—A. & Co.—250 Bks

F 24697

24697 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Hanlon St. 16-1 WARD)

2-FULL NAME Baby Stewart

(a) RESIDENCE NO. 1021 Hanlon St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 COLOR OR RACE: Colrd

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1 1926

7 AGE: Years ... Months Instt Hours ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Premature Birth

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robt C Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Jane Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant ...

(Address) ...

15 Filed ... 19 ... Registrar

No. 1936

2362

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 1, 1926

that I last saw h[illegible] alive on June 1, 1926

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Charles F Wright M. D.

, 19 (Address) 861 Hanlon St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: June 8 19 26

20 UNDERTAKER: Commissioner of Health

ADDRESS ...

F 24698

24698 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3245 Belair Road) (E-1 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna B Sommer

(a) Residence: No. 3245 Belair Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Sommer

DATE OF BIRTH (month, day, year) Jan 1 - 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME George Grey

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Peter Blum

(Address) 3245 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 9 1936

19. UNDERTAKER John Uhlrich

(Address) 2008 Orleans St

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to June 6 1936

I last saw her alive on June 5 1936 Death is said to have occurred on the date stated above, at 3 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	

Other contributory causes of importance:

Pneumonia Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E H Tonella M. D.

(Address) 6817 Park Ave

F 24699 # 14515 (Meredith) ✓ F24699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Merredith — (Meredith)

If U. S. Veteran specify WAR .....

(a) Residence: No. 109 Aisquith St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth (Dead)

DATE OF BIRTH (month, day, year) 4-7-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler-Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME August R. Merredith (Dead)

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Hariet Coleman (Dead)

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] MOUNT CLAVET Date JUNE 10 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. 1936 [redacted] Registrar.

A&H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1936 to 6/7 1936

I last saw him alive on 6/7 1936 Death is said to have occurred on the date stated above, at 4.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-2 days
Cerebral hemorrhage	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of NO

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Baltimore City Hosp.

24700 F 24700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

10106 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Michael Kavanaugh

(a) Residence: No. 404 W. 25th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) 3-23-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria Cadden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date June 9, 1936

19. UNDERTAKER William Cook
(Address) 1217 St Paul

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1935, to 6/6, 1936
I last saw him alive on 6/6, 1936. Death is said to have occurred on the date stated above, at 9¾ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Carcinoma of face	3 yrs.
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reyburn, M. D.
(Address) Balto City Hosp

M. D. B 1263-9

✓ F 24701

4701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3245 S. Bouldin St., 16-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Heine

If U. S. Veteran specify WAR .....

(a) Residence: No. 324 S. Bouldin St., ... Ward.

(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. B.

7. DATE OF BIRTH (month, day, year) July 1 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 68	11	254	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. assist in housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balt (State or country) Md.

MOTHER FATHER

13. NAME William Law

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sheeby

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Heine (Address) 324 S. Bouldin

18. BURIAL, CREMATION, OR REMOVAL Holy Cathedral 6/11 1936

Place .....

19. UNDERTAKER John J. Hodgen (Address) 3000 E. Baltimore

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left humerus	June 2
& " left Femur	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 2, 1936

Where did injury occur? 324 S. Bouldin St. Balt Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Tripped on front door sill

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 1010 S. Edmondson Ave

24702 F 24702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Little Sisters of the Poor — Registered No.
CITY OF BALTIMORE: (No. 1200 Valley St. St., 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Meyers — If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Meyers

DATE OF BIRTH (month, day, year) 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 003
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria
(State or country)

13. NAME Joseph Klier

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Elizabeth Vogel

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Stanislas, Superior
(Address) Little Sisters of the Poor - 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date June 9 1936

19. UNDERTAKER Rita Weedefeld
(Address) 914 Fremont Ave

[illegible] Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 — 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to June 7 1936

I last saw her alive on June 5 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Cerebral Thrombosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. McCarthy, M. D.

(Address) 1114 Hanover

M. D. B 1268-9

(George Jones) ✓ F 24703

24703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Brentwood Ave St., 12-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs ..... mos. ..... ds.

Life

2. FULL NAME Georgia Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 3415 Brentwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Georgia Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dorethea Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Georgia Jones

(Address) 3415 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Cemetery June 8 1936

19. UNDERTAKER Archibald L. Gaddis

(Address) 2101 McCulloh St

20. 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936

22. I HEREBY CERTIFY, That I saw in charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	June 7, Sudden

Other contributory causes of importance: —

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Archibald L. Gaddis M. D.

Coroner

(Address) Coroner

M. D. B 1268-9

F 24704

4704

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) Ward 24-2

Length of residence in city or town where death occurred 33 How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace S. Warner.

(a) Residence: No. 412 Sanders St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) John G. Warner.

6. DATE OF BIRTH (month, day, year) July 21, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

FATHER

13. NAME Charles Boehlein.

14. BIRTHPLACE (city or town) (State or country) Minnisota.

MOTHER

15. MAIDEN NAME Laura Vermillion.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT John G. Warner. (husband)
(Address) 412 Sanders St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 6/9/36

19. UNDERTAKER Margaret D. Flynn
(Address) 218 N Eaton St.

20. FILED [redacted] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto W. Reinhardt M. D.
Coroner

6/6/36 (Address) 1017 S. Charles St.

M. D. F 126 F 24705 F 24705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 186-a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Life St., 12th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Laura V. Hamilton If U. S. Veteran specify WAR

(a) Residence: No. 1315 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hamilton

6. DATE OF BIRTH (month, day, year) Sept 29 1851

7. AGE 84 Years | 8 Months | 9 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Schoolteacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucy Hollenberger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Laura V. Hamilton

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Union Town Cem Date Jan 10 1936

19. UNDERTAKER J. Edgar Hartley & Son

(Address) Union Bridge Md

20. FILED JAN 9 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Right Femur	

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Her home #1310 St Paul St

Manner of injury Fell on floor

Nature of injury Fracture right femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hayn M. D.
Coroner

(Address) 120 Hanover

F 24706

24706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

346-96

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 North Collington ave St., 6-3 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Clement L. Siwinski

(a) Residence: No. 1 North Collington ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Alice Popielek

7. DATE OF BIRTH (month, day, year) Nov. 23 - 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental office

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Siwinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Angela Kiesielewska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT W. B. Siwinski

(Address) 1740 Eastern ave.

18. BURIAL, CREMATION, OR ~~REMOVAL~~

Place Holy Rosary Cem. Date 6/10/36, 19...

19. UNDERTAKER M. J. Sadowski & Sons.

(Address) 1804 Eastern Ave.

20. FILED ... 19... [illegible] Registrar.

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935 to June 7, 1936

I last saw him alive on June 7, 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary & Secondary Luetic Infection	?
Aneurism arch of aorta	Nov. 1935 ?
Manition	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Arthur L. Siwinski M. D.

(Address) 1740 Eastern Ave.

M. D. B. 1268-3

24707 F 24707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland 159

CITY OF BALTIMORE: (No. ..... St., 14th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stonehouse

(a) Residence: No. None 1410 Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Phillip Stonehouse

14. BIRTHPLACE (City or town) (State or country) New York City N. Y.

15. MAIDEN NAME Mabel Kennedy

16. BIRTHPLACE (city or town) (State or country) New York City N. Y.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Retained at Hospital Date 19

19. UNDERTAKER

(Address)

20. FILED 1936 Huntington Dithridge

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 11:26 P.M. June 5. 1936 to 11:41 P.M. June 5. 1936

I last saw her alive on June 5 . 1936 Death is said to have occurred on the date stated above, at 11:41 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Spontaneous abortion 4-5 months

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John McF Bayland . M. D.

(Address) 1014 N Park Ave

M. D. B 1268-2

24708

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24708

CERTIFICATE OF DEATH

X/21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St., 26-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

2. FULL NAME Bertha Williams

If U. S. Veteran specify WAR.....

(a) Residence: No. 317 E. 100th St. St., New York City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general housework

10. Date deceased last worked at this occupation (month and year) 6/37

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME Sullivan

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Undertaker Ritter John

(Address) 2050 7th Ave. Ke-Ja Ch

18. BURIAL, CREMATION, OR REMOVAL

Place New York N. Y. Date 6-9-, 1936

19. UNDERTAKER Byant Hamilton W. Wright

(Address) 2181 Mt. Elder St

20. FILED June 8, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ruptured gut, appendix	

Other contributory causes of importance: Malignant peritonitis

Was an operation performed? Yes Date of June 4 36

For what disease or injury? appendicitis

Name of operation..... Date of.....

What test confirmed diagnosis? ....Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright, M. D. Coroner

(Address) 1610 S. Edwards Ln

F 24209

24209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 E Madison St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Effert

(a) Residence: No. 1609 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Effert

DATE OF BIRTH (month, day, year): July 5 - 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	62	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of father: Wm Cooper

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of mother: Annie

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Mrs Ethel Dorsman

(Address) 1609 E Madison St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem. Date 6-10-1936

UNDERTAKER: Byron & Jamie W. Wright

(Address) 217 N Caldery St

FILED 9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14 1936 to June 7 1936

I last saw him alive on June 7 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset: May 12 1936 ave

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 507 Linganore St

F 24710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 E Chase St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benera Pinzuti

(a) Residence: No. 619 E. Chase St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced—HUSBAND of (or) WIFE of Eustachio Pinzuti

DATE OF BIRTH (month, day, year) Jan 26 63

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Johan Battista

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Assunta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr. Pinzuti

(Address) 616 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 10, 1936

19. UNDERTAKER Rita Wedefield

(Address) 914 Greenmount Ave

20. FILED ..... 19..... [illegible]

6-9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to June 8, 1936

I last saw h.. alive on June 7, 1936 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) — Date of onset 6/5/36

Other contributory causes of importance:

Bronchitis (chronic) — 2

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene D. Cesaro M. D.

(Address) 514 Drury Ln

F 24711

M. D. B. 13(a)

24711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Fulton Ave. St. 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Saphia Glenn

(a) Residence: No. 204 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Glenn

6. DATE OF BIRTH (month, day, year) July 24, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ? Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Terone H. Ritz

(Address) 423 - 5th. Ave. Landowne, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hindlows Date 6/10 19 36

19. UNDERTAKER Wm Cook Sons

(Address) 1211 E. Baltimore St.

20. FILED 9-1936 19 ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)

to her death on the day stated above. 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suddan	
Angina Pectoris	

Other contributory causes of importance: .....

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

F 24712 F 24712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 N. Bond St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Elijah M. Murray

(a) Residence: No. 1642 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Julia N. Murray

DATE OF BIRTH (month, day, year) Dec 7th 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt (Treasury Dept)

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 8 mo

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Elijah Murray

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Marshall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Julia N. Murray
(Address) 1642 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date June 9th 1936

19. UNDERTAKER Wm Cook & Paul St
(Address) 1217 Huntington Ave

20. FILED 19

9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to June 7 1936

I last saw ~~him~~ alive on June 7 1936 Death is said to have occurred on the date stated above, at 4 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 6
Arterio Sclerosis	
Hypertension	
Other contributory causes of importance:	
Myocarditis	prior

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Salem W Kinsey M. D.

(Address) 618 N Broadway

Dora Chapman

24713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95 B 24713

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1037 Mulberry St., 18-W Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tom Chapman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1037 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rhoda Chapman

DATE OF BIRTH (month, day, year) Birth Rec'd

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Harrison Chapman

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Chapman
(Address) 1037 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 9, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 522 N. Schroeder St

20. FILED JUN 9 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 1936 to June 6 1936

I last saw h[illegible] alive on June 6 1936 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Organic Heart Trouble, 7 yrs — Duration

Uremia

Other contributory causes of importance:

Hard Work

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 524 Monroe

M. D. B, 1268-9

24714 HEALTH DEPARTMENT—CITY OF BALTIMORE 24714

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME James Curry

If U. S. Veteran specify WAR .....

(a) Residence: No. 818 W. Saratoga St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Curry

6. DATE OF BIRTH (month, day, year) Jan 11

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
53	6	4 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Curry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Grant

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Florence Curry

(Address) 818 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 11, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 222 N Schroeder St

JUN 9 - 1936 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R. H. Oseliu, M. D. Coroner

(Address) 2737 N. Mis

2715 HEALTH DEPARTMENT—CITY OF BALTIMORE 34715

CERTIFICATE OF DEATH

56

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cleveland Robinson

(a) Residence: No. 1107 W. Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 25, 1923

7. AGE: Years 13 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Verona N. C.

MOTHER

13. NAME Callie Robinson

14. BIRTHPLACE (city or town) (State or country) Pendleton, N. C.

15. MAIDEN NAME Callie Hairston

16. BIRTHPLACE (city or town) (State or country) Verona N. C

17. INFORMANT Callie Robinson

(Address) 1107 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 9, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED JUN 9 1936 19.... Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1936 to 6-7 1936

I last saw him alive on 6-7 1936 Death is said to have occurred on the date stated above, at 10-15 A.M.

The principal cause of death and related causes of importance were as follows:

~~Primary pernicious anemia~~ Date of onset 3-7-36

Rheumatic fever

Other contributory causes of importance:

Cardiac Complication

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) K. L. Jackson M. D.

(Address) 600 N. Arlington

24716 21 Mar

F 24718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Ospital St., 20-12 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. ____ mos. 11 ds. How long in U. S. If of foreign birth? 34 yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Ralph Scagliarini

(a) Residence: No. 2 Bond Beach Ave Overlea St., ____ Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Luigia Scagliarini

DATE OF BIRTH (month, day, year) Feb. 26 1866

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70	3	12 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finish

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month, day, year) May 27 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bologna Italy

13. NAME Gaspare Scagliarini

14. BIRTHPLACE (city or town) (State or country) Bologna Italy

15. MAIDEN NAME Brigida

16. BIRTHPLACE (city or town) (State or country) Bologna Italy

17. INFORMANT Angiolina Saraullo

(Address) 2639 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ce. Date June 12 36 19

19. UNDERTAKER Frank Della Rose

(Address) 52 N. Gay St.

20. FILED ____ 19 ____ Registrar.

-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27 1936 to June 7 1936

I last saw him alive on June 7 1936 Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V-Disease	
Cerebral Hemorrhage	5/27/36
Other contributory causes of importance:	
Hypostatic Pneumonia	6/4/36

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

No If so, specify ____

(Signed) John M. C. Warren M. D.

(Address) University Hospital

24717 F 24717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 10-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Huber

If U. S. Veteran specify WAR

(a) Residence: No. 1008 Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Peterson

DATE OF BIRTH (month, day, year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Peterson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lucy Edell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louis Huber

(Address) 1008 Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 6/10 1936

19. UNDERTAKER Wm. Cook Funeral

(Address) 1217 E. Fayette St

FILED 6-10 1936 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by ~~and~~ autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	
for aortic insufficiency	
(rheumatic)	

Other contributory causes of importance: acute dilatation (cardiac)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright M. D.

(Address) 1610 S. Ellwood Ave Coroner

- 1936

24718 F 24718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a'

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 N. Fremont St. (or) 6-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Isabelle McE. Kohler

(a) Residence: No. 916 N. Fremont Ave. Ward. 70 yrs

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Dr. Phillip W. Kohler

DATE OF BIRTH (month, day, year) June 11th 1846

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 003

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME James Mc Elmoyle

14. BIRTHPLACE (city or town) (State or country) Portleaburn Ireland

15. MAIDEN NAME Elizabeth McNeal

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E. Jeanette Askew

(Address) 916 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 11th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St. Huntington Pharmacy

FILED ... 19 ... Registrar.

JUN 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936 to June 8, 1936

I last saw her alive on June 7, 1936 Death is said to have occurred on the date stated above, at ... A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Cardiac insufficiency

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Stansbury M. D.

(Address) 714 Park Ave

24719 F 24719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Janette Hering

(a) Residence: No. Blue Ridge Summit, Pa. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Dr. Joseph T. Hering

DATE OF BIRTH (month, day, year) Oct 23 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	16	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

13. NAME Augustus Shriver

14. BIRTHPLACE (city or town) (State or country) Westminster Maryland

15. MAIDEN NAME Caroline Haynes

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

17. INFORMANT Hospital Records

(Address) University Hosp.

18. BURIAL, CREMATION, OR REMOVAL Westminster Md

Place Westminster Cem. Date June 10 1936

19. UNDERTAKER Lemmy N. Jenkins Inc 6

(Address) N. Eutaw & Orchard St

20. FILED ..... 1936 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-31-1936 to 6-5-1936

I last saw her alive on 6-8-1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/31/36
Arteria Sclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical & post-mortem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) L.K. Woodward Jr. M. D.

(Address) University Hosp.

24720

HEALTH DEPARTMENT—CITY OF BALTIMORE

24720

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3826 Hudson St., Ward 26-9
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James L. McAndrew
(a) Residence: No. 3826 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 2 — 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffee Works
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME of Father Patrick Joseph McAndrew
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME of Mother Hannah Hennigan
16. BIRTHPLACE (city or town) (State or country) Ire
17. INFORMANT Annie McAndrew
(Address) 3826 Hudson St
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 19, 1936
19. UNDERTAKER John A. Nolan
(Address) 3100 E. Baltimore St.
FILED 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1930 to June 7 1936
I last saw h alive on June 6 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 yrs.

Other contributory causes of importance:

Acute Bright's Disease	3 mos.

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Thos E. McGrew M. D.
(Address) 3 W. Biddle St.

24721 F 24721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S.Marine Hospital. St. 27-10 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

Balto., Md.

If U. S. Veteran, specify WAR World War

2. FULL NAME Hartnett, William P.

(a) Residence: No. 725 McCabe Ave., Balto., Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Parker Hartnett

DATE OF BIRTH (month, day, year) March 14, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair (City)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0056

10. Date deceased last worked at this occupation (month and year) December, 1935.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Artilia, Kansas

13. NAME Maurice Hartnett

14. BIRTHPLACE (city or town) (State or country) Ireland (?)

15. MAIDEN NAME Johanna Joy

16. BIRTHPLACE (city or town) (State or country) Ireland (?)

17. INFORMANT (Address) Records - U.S.Marine Hospital Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date June 10, 1936

19. UNDERTAKER (Address) John A. Moran 3000 E. Baltimore St., Balto. Md.

FILED 6-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to June 6, 1936

I last saw him alive on June 6, 1936 Death is said to have occurred on the date stated above, at 8:55p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right, pneumococcus	1mo.
Pleurisy, acute, supperative	1 mo.
Other contributory causes of importance:	
Septicemia	1 mo.

Was an operation performed? Yes Date of May 20, 1936

For what disease or injury?

Name of operation Thoracentesis Date of 5/20/36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. B. H. a. duran M. D.

(Address) U.S.Marine Hospital.

24722 ✓ F 24722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Cole St. St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James McGee If U. S. Veteran specify WAR

(a) Residence: No. 1533 Cole St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta M. McGee

DATE OF BIRTH (month, day, year) October 7, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman 032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Relay Maryland

13. NAME Arthur McGee

14. BIRTHPLACE (city or town) (State or country) United States

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Augusta M. McGee
(Address) 1533 Cole St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 9th, 1936

19. UNDERTAKER J. S. Block
(Address) 1003 W. Baltimore St.

FILED 19 Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to June 6, 1936

I last saw him alive on June 6, 1936 Death is said to have occurred on the date stated above, at 5.52P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ext. Nephritis.	1 yr.

Other contributory causes of importance:

None.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None. Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Horton, M. D.

(Address) 888 W. Lombard St.

M. D. F 24723

F 24723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. F 24723

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Mt. Holly St. St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah R. Saunders

(a) Residence: No. 622 Mt. Holly St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Joseph T. Saunders

6. DATE OF BIRTH (month, day, year) Aug. 17, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Maryland

13. NAME OF FATHER William A. Hendricks

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Emily Anthony

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary Hallwig,

(Address) 721 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/10/36 19

19. UNDERTAKER [illegible]

(Address) 101 Edmondson Ave.

20. FILED 6-9-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 . 1936 to June 6 . 1936

I last saw h[illegible] alive on June 5 . 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Date of onset 12-1-35

Other contributory causes of importance:

none

Name of operation none Date of ∧

What test confirmed diagnosis? ∧ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ∧ Date of injury ∧ . 19

Where did injury occur? ∧ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ∧

Manner of injury ∧

Nature of injury ∧

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ∧.

(Signed) V. Kunkelmann M. D.

(Address) 3200 Eagle [illegible]

F 24724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Length of residence in city or town where death occurred 50 yrs. 1/2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR Spanish American

2. FULL NAME John Jenkins

(a) Residence: No. Summit ave St., Ward. Carnes Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	white	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude A. Jenkins

DATE OF BIRTH (month, day, year) 2-28-71

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 6/10 19 3

19. UNDERTAKER J. Fen McCully

(Address) 130 E Fort.

20. FILED 19 ..... Registrar.

6-9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to June 8 1936

I last saw him alive on June 8 1936 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1933
Diabetic acidosis	May 7, 1936
Hemiplegia, due to cerebral apoplexy	May 9, 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph T. Sellers, Jr. M. D.

(Address) Johns Hopkins Hospital

24725 ✓ F 24725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N. Milton Ave St., 6-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth B. Lamberti

If U. S. Veteran specify WAR ...

(a) Residence: No. 404 N. Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. W. Lamberti

7. DATE OF BIRTH (month, day, year) Jan 6/1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Brone

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Doris Stuninger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mame Bohne

(Address) 404 N. Milton ave

18. BURIAL, CREMATION, OR REMOVAL

Place London PK Date 6/10/36 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

FILED 1936 [illegible]

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1936 to June 7 1936

I last saw h[illegible] alive on June 7, 1936. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/1/36
Other contributory causes of importance: Arterio Sclerosis	?

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. H. Keyser M. D.

(Address) 1520 E. 33d St

M. D. B 1265-3

F 24726

F 24726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Whatcoat St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Gibson

if U. S. Veteran specify WAR .....

(a) Residence: No. 811 Whatcoat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Gibson

6. DATE OF BIRTH (month, day, year): Feb. 12, 1867.

7. AGE: Years 69 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Botetourt Co. Va.

13. NAME: Sam Jones

14. BIRTHPLACE (city or town) (State or country): Botetourt Co Va

15. MAIDEN NAME: Elizabeth Sharp

16. BIRTHPLACE (city or town) (State or country): Botetourt Co. Va

17. INFORMANT: Frances Gibson

(Address) 114 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place: Millville Va. Date: June 10 1936

19. UNDERTAKER: Adolphus Halstead

(Address) 918 Eutaw Place

20. FILED: 6-9-1936 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hall M. D. Coroner

(Address) 1210 Eutaw Pl

F 24727 ✓ F 24727

14342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hannah Morris

(a) Residence: No. 418 Parrish St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Squire

DATE OF BIRTH (month, day, year) 5-30-1910

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Williams

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Tiela Kidd

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT B. C. H. Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Middlesex Co. Va. Date June 11, 1936

UNDERTAKER Mrs Katie R Williams
(Address) 322 or Lenox Lane

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1936 to 6/7, 1936

I last saw her alive on 6/7, 1936 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (?)	5 "
Schizophrenia (?)	5 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Taylor M. D.

(Address) Balto City Hosp.

24728 ✓ F 24728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 508 Popular Grove St 30-E Ward)
Length of residence in city or town where death occurred 48 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Arthur B Nash
(a) Residence: No. 508 Popular Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year) June 11 - 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	4	27.6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0083
10. Date deceased last worked at this occupation (month, year) July 1935
11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Ephriam J Nash

14. BIRTHPLACE (city or town) Baltimore.
(State or country) Md

15. MAIDEN NAME Addie Emmert

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mrs Agnes Donnelly
(Address) 508 Popular grove St

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Cemetery Date June 10, 1936

19. UNDERTAKER Charles A Powell
(Address) 113 N Eutaw St

20. FILED ..... Registrar

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935, to June 7, 1936
I last saw him alive on June 7, 1936 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	?
Myocarditis	about

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thurlow E. Shacy, M. D.
(Address) 3803 Edmondson Ave

24729 ✓F 24729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, St., 50-6 Ward)

Balto., Md.

Length of residence in city or town where death occurred 42 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR World War

2. FULL NAME Raymond Cuffley

(a) Residence: No. 527 Caton Ave., Balto., Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Mrs. Elsie W. Cuffley

7. DATE OF BIRTH (month, day, year) August 7, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Charles Cuffley

14. BIRTHPLACE (city or town) New Southgate (State or country) England

15. MAIDEN NAME Cecile K. Hoskman

16. BIRTHPLACE (city or town) ? (State or country) Virginia

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 11, 1936

19. UNDERTAKER George L. Schweb (Address) 2101 Frederick Ave., Balto. Md.

FILED 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936 to June 8, 1936.

I last saw him alive on June 8, 1936. Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephritis, acute	Unknown
Adhesions, peritoneal	Unknown
Abscesses, multiple, peritoneum, lung and kidneys	

Other contributory causes of importance:

Cachexia

Septicemia, staphlococcic, origin undetermined

Was an operation performed? Yes Date of 5-25-36

For what disease or injury? Adhesions, peritoneal

Name of operation Laparotomy and Gastrotomy Date of 5/25

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H L Wollenweber M. D.

(Address) U.S. Marine Hospital, Baltimore

F 24730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH St. Agnes' Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., W-5 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Jane D. Miller

(a) Residence: No. 2655 Lehman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Miller

DATE OF BIRTH (month, day, year) Dec. 6 - 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Philip Rink

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Wagner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles W. Miller

(Address) 2655 Lehman St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 10 1936

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave.

20. [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to June 8, 1936

I last saw h[illegible] alive on June 8, 1936 Death is said to have occurred on the date stated above, at 2.10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial degeneration — Date of onset .....
Hodgkins Disease. — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Karl F. Meeh M. D.

(Address) St. Agnes' Hospital

F 24731

24731 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34-9-107-a

CERTIFICATE OF DEATH

Registered No. 12709

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alex Franks

(a) Residence: No. 604 Bradley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Amanda

DATE OF BIRTH (month, day, year): 5-27-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): New Berlin, N.C.

13. NAME: Edward D.

14. BIRTHPLACE (city or town) (State or country): NC.

15. MAIDEN NAME: Harriet Crisp

16. BIRTHPLACE (city or town) (State or country): N.C.

INFORMANT (Address): Hospital records

BURIAL, CREMATION, OR REMOVAL
Place: University of Md Date: June 9, 1936

UNDERTAKER (Address): Commissioner Health.

FILED: 6-10-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19.., to 6/8, 1936

I last saw him alive on 6/8, 1936. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Roberta Reitz, M. D.

(Address) Balto City Hosp.

24732 ✓ F 24732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13671

34-8 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospts. St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1903 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 707 S. Hanover St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

DATE OF BIRTH (month, day, year) 8-6-1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Britton

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 9 1936

19. UNDERTAKER .....

(Address)

20. FILED 1936 [illegible] Registrar

2305 at 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/19/1936 to 6/7/1936

I last saw him alive on 6/7/1936 Death is said to have occurred on the date stated above, at 9:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	3 mo.
Myocardial insufficiency	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

24733 ✓ F 24733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-0

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Pennsylvania St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Powell

(a) Residence: No. 1019 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Wm. Powell

6. DATE OF BIRTH (month, day, year): Jan. 16, 1882

7. AGE: Years: 54 | Months: 4 | Days: 21 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

13. NAME: John Reed

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME: Sallie?

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Wm. Powell

(Address): 1019 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Cem Date: 6/10 1936

19. UNDERTAKER: Robert C. Williams

(Address): 1512 N. Eutaw St.

Huntington Williams, M.D.
Registrar

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1936, to 6-7, 1936

I last saw her alive on 6-7, 1936 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Duodenal ulcer	6-7
Generalized Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-7

For what disease or injury? Ruptured Duodenal ulcer

Name of operation Exploratory Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. L. Jackson, M. D.

(Address) Provident Hospital

1936

1734 F 24734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #14460 /

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-2 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lavinia Baynham

(a) Residence: No. 607 W. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Baynham

DATE OF BIRTH (month, day, year) 2-8-1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (37)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME ? Ward

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records
(Address) .....

17. BURIAL, CREMATION, OR REMOVAL
Place Mangla Cemetery Date 6/10 19 36

18. UNDERTAKER P. C. Richardson & Co Inc
(Address) 1120 Druid Hill Ave.

19 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH (O)

21. DATE OF DEATH (month, day, year) 6/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/2 1936 to 6/7 1936

I last saw her alive on 6/7 1936 Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	19 days
Typhoid fever (?)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Peter M. D.

(Address) Balto City Hosp

24735 ✓ F 24735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 157 W Lanvale St. 11-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 69 yrs. 9 mos. 21 ds. How long in U. S. if of foreign birth 69 yrs. 9 mos. 21 ds.
2. FULL NAME Anna Maria Dugan Coulter If U. S. Veteran specify WAR NONE
(a) Residence: No. 157 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
If married, widowed, or divorced HUSBAND of (or) WIFE of: Carleton Coulter
DATE OF BIRTH (month, day, year): Aug-19-1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none
BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME: Cumberland Dugan
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Harriet Buchanan
16. BIRTHPLACE (city or town) (State or country): Hagerstown Md.
INFORMANT: Mrs. C. Coulter Jr. (son)
(Address) 157 W. Lanvale St.
BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date June 12 1936
UNDERTAKER: Stewart Mortuary Co.
(Address) 108 W. Monument Ave.
FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to June 9, 1936
I last saw h[illegible] alive on June 9, 1936. Death is said to have occurred on the date stated above, at 6 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uraemia	6-5-36

Other contributory causes of importance:

Pellagra	1½ yrs.
chr. arthritis	2+ yrs.

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation none Date of .....
What test confirmed diagnosis? clinical methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Franklin P. Smith Jr. M. D.
(Address) 1014 St. Paul Street, Balto. Md.

✓ F 24736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2808 St. Paul St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 39 yrs. 4 mos. 28 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Benjamin Nichols Dyer

(a) Residence: No. 2808 St Paul St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian M. Dyer

7. DATE OF BIRTH (month, day, year) Jan 11 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	4	28 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Oneida N.Y.

13. NAME Benj N. Dyer

14. BIRTHPLACE (city or town) (State or country) Oneida N.Y.

15. MAIDEN NAME Della V. Anderson

16. BIRTHPLACE (city or town) (State or country) Oneida N.Y.

INFORMANT Mrs. Lillian M. Dyer (wife)

(Address) 2808 St Paul St

17. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date June 10 1936

UNDERTAKER Stewart Mortuary Co.

(Address) 108 W North Ave.

FILED 1936 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20 1936 to June 8 1936

I last saw him alive on June 4 1936 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation — Duration 6/1/36

Other contributory causes of importance: Valvular Heart disease 6/1/25

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Hall Lyons M.D.

(Address) 16 E Lexington

H. D. B. 1268-9

4737

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24737

CERTIFICATE OF DEATH

Registered No. 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Claremont St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Tellyohann

(a) Residence: No. 3715 Claremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Tellyohann

DATE OF BIRTH (month, day, year) Sept 13. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	13 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 17 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Henry Tellyohann

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Mrs Charles Bersch
(Address) 2715 Claremont St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hgts Cem. Date 6 10 1936

19. UNDERTAKER H. Sandey & Ray Inc
(Address) 1210 East Lexington Street

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1935 to June 6th 1936

I last saw h/m alive on June 6 1936 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Joseph Toohey M. D.

(Address) 4412 Ellwood Ave

F 24738

24738 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓131

Registered No. 26-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5410 Cedella Ave St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George F. Hodges

(a) Residence: No. 5410 Cedella Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Hodges

7. DATE OF BIRTH (month, day, year) 1-14-1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary C. Hodges

(Address) 5410 Cedella Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 6-10 1936

19. UNDERTAKER Leonard J. Rusk

(Address) 6305 Harwood Rd.

20. FILED JUN 10 1936 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5 1936 to June 7 1936

I last saw h~~im~~ alive on June 6 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Ch. Interstit Nephritis. — Date of onset Jan 32.

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ✓

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. S. Hardesty M. D.

(Address) 4810 Belair Rd

24739 Law F 24738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward 6)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Katherine Law.

(a) Residence: No. 2200 Kirk Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Law

7. DATE OF BIRTH (month, day, and year) Dec. 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Louise Groft

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Raphael Weaver

(Address) 2200 Kirk Ave, Balto, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hanover Pa Date June 12, 1936

19. UNDERTAKER W. A. Frazier

(Address) Hanover Pa

19 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/8/36, 19 ..... to 6/9/36, 19 .....

I last saw her alive on 6/9/36, 19 ..... Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cholecystitis and cholelithiasis	19

Other contributory causes of importance:

Hypertensive cardio vascular disease
Chronic Nephritis - Uremia - Diabetes Mellitus

Was an operation performed? ..... Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Josiah A. Hunt M. D.

(Address) Maryland General Hospital.

24740 F 24740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Rippeon

(a) Residence: No. R.D. Woodbine Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 8, 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME Harry N. Rippeon

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Maude L. Eichelberger

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Harry N. Rippeon

(Address) R.D. Woodbine Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cem. Date June 12, 1936

19. UNDERTAKER C. M. Waltz

(Address) Hunted Md.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936 to June 10, 1936

I last saw him alive on June 10 1936 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, right pleural Cavity.	May 31, 1936
Septicemia	June 4, 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of June 4, 1936

For what disease or injury? Empyema

Name of operation Thoracotomy Date June 4, 1936

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Reese, M. D.

(Address) Woodbine Md.

24741

F 24741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Riggs Ave St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise E. Carraway

(a) Residence: No. 1309 Riggs Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Carraway

3. DATE OF BIRTH (month, day, year) Aug 23-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lancaster County Va

13. NAME Ursula Cortes

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elsie Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles Carraway

(Address) 1309 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/10 19 36

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

6 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset June 7 1936

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Verbum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George E. Allen M. D.

(Address) Ft Tousquette Va

24742 F 24742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Linden Ave. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas J. Wentworth

(a) Residence: No. 1731 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Boucher

DATE OF BIRTH (month, day, year) April 27, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	1	12	11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eureka Insurance Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) New York City

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknwon

17. INFORMANT Mrs. Frances B. Wentworth

(Address) 1731 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 10, 36

19. UNDERTAKER John O. Mitchell + Sons Inc.

(Address) 1900 Eutaw Place MBM

FILED JUN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11th, 1936, to June 8th, 1936

I last saw h. alive on June 7th, 1936. Death is said to have occurred on the date stated above, at 1 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	
Myocarditis	
Chronic Endocarditis	

Other contributory causes of importance: Hemiplegia from cerebral hemorrhage

Was an operation performed? no Date of

For what disease or injury? no

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. R. Davis, M. D.

(Address) 1733 Linden Ave.

M. D. B. 12684

24743

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 21743

CERTIFICATE OF DEATH

V59

1. PLACE OF DEATH Gundry's Sanatorium

CITY OF BALTIMORE: (No. Athol, Frederick Ave. St., 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary K Taylor

(a) Residence: No. Same Sanatorium St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Widow

7. DATE OF BIRTH (month, day, year) Aug 2 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England
(State or country)

13. NAME Thomas Kerr

14. BIRTHPLACE (city or town)
(State or country) Ireland

15. MAIDEN NAME Ann Gaveys

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mrs. S. J. Herman
(Address) 638 Lawrence Ave., Detroit

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Cem. Date June 10, 1936

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

20. FILED 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to June 8, 1936

I last saw h.. alive on June 6, 1936. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Arteriosclerosis	
Cerebral Hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Regina J. Hermann, M. D.

(Address) 3802 Fremont Rd City

F 24744 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24744

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Biddle St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Gray

(a) Residence: No. 1618 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: James Gray

DATE OF BIRTH (month, day, year): Jan. 29, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: James Farr

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Jane Moore

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: William R. Coughlan

(Address): 1618 E. Biddle St.

BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Cem. Date: June 11 1936

UNDERTAKER: John C. Mitchell & Sons, Inc.

(Address): 1900 Eutaw Place Mom.

FILED: [illegible] Registrar.

JUN 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, 19.., to June 9, 1936

I last saw her alive on June 8, 1936. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis, Arterio-sclerosis — Duration: Indefinite

Other contributory causes of importance: Pulmonary Edema — Duration: Indefinite

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Handy, M. D.

(Address) 1403 Park Ave.

24745

F 24745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√95-E

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens ave. St. 15-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Edna Nolan (Margaret Edna Nolen)
If U. S. Veteran specify WAR .....

(a) Residence: No. 3810 Grantley Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 19, 1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 49	-	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F. and G.

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Aaron Willard Nolen

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Mary Louise Barrett

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Mrs. Marie N. Stallo
(Address) 3810 Grantley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 6/11 1936

19. UNDERTAKER Lee Book
(Address) 1003 N. Baltimore St.

20. FILED [illegible] Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/14 1936 to 6/8 1936
I last saw her alive on 6/8 1936. Death is said to have occurred on the date stated above, at 7 3/6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic e.v. disease c auricular fibrillation & congestive failure	1928

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Appendectomy Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L Whitney M. D.

(Address) Saint Agnes Hospital

M. Dept. 12 T 24746

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 24746

CERTIFICATE OF DEATH

94-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St., 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Grace Edith Maul

(a) Residence: No. 421 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Percy Maul

6. DATE OF BIRTH (month, day, year) November 7, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William Pearce

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Margaret J. Brosman

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. James Percy Maul

(Address) 421 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date June 11, 1936

19. UNDERTAKER Joseph Cook & Co.

(Address) 1003 W. Baltimore St.

June 11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: High Tension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hann, M. D. Coroner

(Address) 1215 Hanover St.

F 24747

24747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1523

1. PLACE OF DEATH Tuberculosis Division U-13811
CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Lewis

(a) Residence: No. 109 W. 20th Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 10, 1907.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	28 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bootlegger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME Jake Lewis
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Ida Lewis
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date 6/10/ 1936
19. UNDERTAKER Frances A. Hemsley
(Address) 548 W. Biddle St
6/10 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to June 7, 1936
I last saw him alive on June 7, 1936 Death is said to have occurred on the date stated above, at 10:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1935
Tuberculous Peritonitis	April 1936
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur Karfgin, M. D.
(Address) Baltimore City Hospitals

F 24748

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24748

148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 Bevard St. St., 11-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie C. Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 936 Bevard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of George Taylor

DATE OF BIRTH (month, day, year) Aug. 23, 1903

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Ames Cooper

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Nancy Summerville

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Gussie Cooper

(Address) 936 Bevard St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 6/10/ 1936

UNDERTAKER Francis A. Hemsley

(Address) 518 W. Biddle St.

FILED JUN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936 to June 9 1936

I last saw her alive on June 8, 1936. Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of uterus	8 mos.

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hy. C. Pelletier, M. D.

(Address) 817 Hamilton Ave

H. D. B 1268-9

F 24749

24749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. Deaf Hos St. 11-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Theresa Wells

If U. S. Veteran specify WAR .....

(a) Residence: No. Carroll Orchards, Westminster Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Lambert Wells.

7. DATE OF BIRTH (month, day, year): Aug. 24-1869

8. AGE: Years 66 | Months 9 | Days 16 15 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Jas. A. Clark

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Elizabeth A. Wilson

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. S. E. Taylor

(Address) Westminster Md.

18. BURIAL, CREMATION, REMOVAL

Place Greenmount Cem. Date June 12, 1936

19. UNDERTAKER: Wm. H. Withey Sons

(Address) North & Eaves.

10 1936 Lexington Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 12 09 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. Adams Coroner, M. D.

(Address) 12-15 Hanover

F 24750 F 24750

313827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Kintz

(a) Residence: No. 114 W. Patrick St St., Ward. Frederick Md (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna.

DATE OF BIRTH (month, day, year) 4/6/58

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Louisa Kintz

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Seehr

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Md. June 12 1936

19. UNDERTAKER C. E. Click & Son
(Address) Frederick Md

FILED JUN 10 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to June 10, 1936

I last saw him alive on June 10, 1936 Death is said to have occurred on the date stated above, at 405 ft.

The principal cause of death and related causes of importance were as follows:

CORONARY OCCLUSION — Date of onset 6-9-36

Other contributory causes of importance:

Cataracts senile mature, bilateral

Was an operation performed? YES Date of

For what disease or injury? CATARACTS

Name of operation CATARACT EXTRACTION R.E. 5-22-36 CATARACT EXTRACTION L.E. 6-1-36

What test confirmed diagnosis? Clinical EXAM. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James J. Moore M. D.

(Address) Johns Hopkins Hospital Balto. Md.

~~24751~~ F 24751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34J-117a

1. PLACE OF DEATH — U-12323 — Registered No. 25-16

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Booe — If U. S. Veteran specify WAR .....

(a) Residence: No. 3319 Heden Ave., St., Fairfield, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

DATE OF BIRTH (month, day, year): 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

BIRTHPLACE (city or town) (State or country): N.C.

13. NAME: Alex

14. BIRTHPLACE (city or town) (State or country): N.C.

15. MAIDEN NAME: Betty Dulin

16. BIRTHPLACE (city or town) (State or country): N.C.

INFORMANT: B.C.H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL: Place Mocksville N.C. Date 6/10/36 19....

UNDERTAKER: Baxter Williams
(Address) [illegible]

FILED ..... 19.... [illegible] Registrar.

01936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-9-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22-1936 to 6-9-1936

I last saw him alive on 6-9-1936 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	4-18-36
	acute ?

Other contributory causes of importance:
Aortic Insufficiency & decompensation

Was an operation performed? Yes Date of 4-24-36

For what disease or injury? Perforated Gastric Ulcer

Name of operation: Closure of Perforation Date of 4-24-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

24752 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24752

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2107 N. Hilton St. 15-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Daniel J. Flynn

(a) Residence: No. 2107 N. Hilton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 12-1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Govt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Daniel Flynn

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME Mary J. Sullivan

15. BIRTHPLACE (city or town) (State or country) Balto Md

16. INFORMANT Maurice J. Flynn

(Address) Edmondson & Algonquin

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 6/12/36

UNDERTAKER Geo. L. Beyer Jr

(Address) 1512 Eutaw St

FILED ... 19 ...

JUN 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936, 19..., to June 8 1936, 19...

I last saw him alive on June 8 1936 Death is said to have occurred on the date stated above, at 11:2a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis Chronic. — Date of onset Jan 1936

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ... Date of No

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. J. Walsh M.D. M. D.

(Address) 1421 Eutaw Pl

24753 F 24753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jns Hopkins - Hospital 210-R
CITY OF BALTIMORE: (No. ..... St., 21-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo W Smith
If U. S. Veteran specify WAR .....

(a) Residence: No. 1216 Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) ~~June~~ 12/10/1917

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME OF FATHER Wm L Smith
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME OF MOTHER Emma Bussey
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Wm L Smith
(Address) 1216 Saratoga St
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 10, 1936
19. UNDERTAKER Harry H. Wolfe & Edmondson Ave
(Address) 4101
Filed ..... 19 ..... Registrar

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7-36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	6/7/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or homicide? Acc Date of injury 6/7, 1936
Where did injury occur? Cold Ave & Gough St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Motorcycle collided w/ Automobile + skidd around
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Signed Hutchinson Quillen M. D.
(Address) 717 N Chas St Coroner

D 24754

✓ F 24754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged, Dolfield Ave

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Isaac Franklin

(a) Residence: No. Belvedere & Freesprings Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Franklin

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sig Steinhart Supt.

(Address) Belvedere & Freesprings Res.

BURIAL, CREMATION, OR REMOVAL Leech Blvd. Date 6/9/36 19

UNDERTAKER Jack Lewis Inc

(Address) 1432 E Baltimore St

FILED JUN 10 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1936 to 6-9 1936

I last saw him alive on 6-9 1936. Death is said to have occurred on the date stated above, at 9.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	6-7-36
Cerebral Accident	9-1-35

Other contributory causes of importance: Chr. bronchitis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Edmund Rein M. D.

(Address) Lemdale

24755

✓ F 24755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Franklin (Street) Square Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Louis Deitsch

(a) Residence: No. 1422 Parlar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE: Years 61 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor at 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Deitsch
(Address) 1422 Parlar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 6/10/36

19. UNDERTAKER Jack Levy Inc
(Address) 1017 E. Baltimore St.

FILED JUN 10 1936, 19 H. Leighton Nitham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

24756 ✓ F 24756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. 1905 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify W.A.I. .....

2. FULL NAME Lawrence W. Wilkens

(a) Residence: No. # 1906 McHenry Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 13, 1916.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	6	27 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William H. Wilkens

14. BIRTHPLACE (city or town) England.
(State or country)

15. MAIDEN NAME Susie Long

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs Susie Wilkens
(Address) # 1906 McHenry Street

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 6 / 12 / 1936

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED 6 10 1936 [illegible]
(Clerk)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 9 / 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 6/9 1936

Where did injury occur? Balto Co — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Automobile turned over

Nature of injury Internal

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Auto Coroner, M. D.

(Address) 907 N. Calvert

D. B. 1268-9

24757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24757

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 W. Cullen St., 11-4 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola Edwards

(a) Residence: No. 100 W. Cullen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 1407

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

13. NAME Alfred Edwards

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Maggie Collins

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Francis Edwards

(Address) 1114 Allison ave

18. BURIAL, CREMATION, OR REMOVAL St Marys Co

Place Loma Cemetery Date 6/12 ....., 19 36

19. UNDERTAKER Wm A Jackson

(Address) 916 Fremont ave

Filed ..... 19 .....

10 1936 Oct 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 10, 1936

I last saw her alive on June 9, 1936. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 1936

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. L. Pelletreau M. D.

(Address) 827 Hamilton ave

D. B. 1268-9

F 24758

F 24758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

Registered No. 1320-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St. Hosp. Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Koslowski

(a) Residence: No. 217 S. Pulaski St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Emma V Koslowski

DATE OF BIRTH (month, day, year) July 15, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49 4/12	49 yrs	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clock Cutter 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Manf. 20

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Ferdinan Koslowski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Kelava

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Emma V. Koslowski

(Address) 217 S. Pulaski St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 13-'36

UNDERTAKER F. B. Shipley & Son

(Address) 800 Edgar Place

FILED JUN 10 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 9, 1936

I last saw h. alive on June 9, 1936 Death is said to have occurred on the date stated above, at 7 05 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset

Other contributory causes of importance:

multiple gastric Ulcers

Name of operation Gastro-Enterostomy Date of 6/6/36

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George [illegible] M. D.

(Address) 1601 Eutaw Place

M. D. B. 1268-9

4759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24759

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 E. Fort Ave St. 24 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Copper

(a) Residence: No. 626 E. Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John F. Copper

6. DATE OF BIRTH (month, day, year) Jan 7 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Daniel Weber

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Henry Pausch

(Address) 622 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Date 6-13th 1936

19. UNDERTAKER Bernard E. Horn

(Address) 120 E. 25th St

0 7936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1934 to June 10, 1936

I last saw her alive on June 9, 1936. Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928
Carcinoma of Breast with Metastases	1935
Myocardial failure	May 27, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur McCloud, M. D.

(Address) 707 E. Fort Ave.

4760 ✓ F 24760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD. — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-5 Ward)

Length of residence in city or town where death occurred 58 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carroll Thomas

(a) Residence: No. 1730 N Calvert St., Ward. .....
(Usual place of abode) Balto., Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret L.

DATE OF BIRTH (month, day, year) Oct. 13, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

13. NAME James William Thomas

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

15. MAIDEN NAME Fantalina Shaw

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

INFORMANT James Wm. Thomas

(Address) Towson, Md.

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Co. Md. Date 6/12 . 1936

UNDERTAKER Harry W. Mears & Son

(Address) 505 N. Calvert St.

DATE 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1936 to 6-10, 1936

I last saw him alive on 6-10, 1936 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate — Date of onset .....

Other contributory causes of importance:

Myocardial degeneration

Was an operation performed? Yes Date 5-8-36

For what disease or injury? Carcinoma of prostate

Name of operation Supra-pubic prostatectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

4761 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24761

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 E. Preston St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Latimer Boyce

If U. S. Veteran specify WAR

(a) Residence: No. 217 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick G. Boyce

DATE OF BIRTH (month, day, year) Jan. 16, 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Alexander H. Millar

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mrs. Heyward Boyce

(Address) 4 Club Road, Roland Park

BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Cem. Date 6/10 1936

UNDERTAKER Henry H. Mears & Son

(Address) 5-7 N. Calvert St.

FILED 6 13 1936 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936. to June 8, 1936.

I last saw h CF alive on June 8, 1936 Death is said to have occurred on the date stated above, at 4.00 A.M. June 9, 1936.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Cerebral Hemorrhage, June 6,	1936

Other contributory causes of importance:

Chronic Infectious Arthritis-1917	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Charles J. Beacham M. D.

(Address) 1417 Eutaw Place

✓ F 24762

4762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Felder

(a) Residence: No. 1125 Thames St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B	S

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 4, 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None — child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Felder

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anne Felder

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Undertaker Date June 6 1936

19. UNDERTAKER Baltimore City Health Department

(Address) By Wm E. WOODALL

Filed 19 Registrar.

2367

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to June 4, 1936

I last saw him alive on June 4, 1936. Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows: Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

F 24763

24763 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hughey Jackson Kellerman

(a) Residence: No. Bartlett, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	15 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Ira Kellerman

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Eva Matthias

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 6, 1936

19. UNDERTAKER

(Address)

1936 2369

(Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to June 4, 1936

I last saw h alive on June 4, 1936 Death is said to have occurred on the date stated above, at 11.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Coronary	3-2-36
Hypertension	3-2-36

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Thrombosis

Name of operation Encephalogram Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

M. D. B 1268-9

F 24764

1764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W.B.G. Hospital St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME SARAH LIVSCHITZ

(a) Residence: No. 2308 BRYANT AVE St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Livschitz

7. DATE OF BIRTH (month, day, year)

7. AGE: Years: 60; Months; Days; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER'S FATHER

13. NAME: Mayer Ackerman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Leah —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: MRS. CLARA RUBIN (SISTER)

(Address) 4011 BARRINGTON ROAD

18. BURIAL, CREMATION, OR REMOVAL

Place BALTO. HEBREW Date 6-11-, 1936

19. UNDERTAKER: Jack Levin Inc

(Address) 1429 E. Balto. St

Registrar.

0 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12 50 a.m.

The principal cause of death and related causes of importance were as follows:

Fractured skull, Bruised and Crushed body

Shock

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/8/36

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Kentucky Heights & Gold Hill Ave.

Manner of injury Struck by street car and fell on street

Nature of injury Skull fractured & crushed body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hayn M. D.

Coroner

(Address) 1216 Hanover

247639 F 21765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 5-1

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME John Jones

(a) Residence: No. 401 Somerset St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Lewis Jones

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alice (?)

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date June 11. 1936

UNDERTAKER Edw. Bryan

(Address) 1547 N. Carey St

Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29. 1936 to June 6 1936

I last saw h alive on June 6 1936 Death is said to have occurred on the date stated above, at 140 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic aortitis, aortic insufficiency with cardiac failure	5/15/36

Other contributory causes of importance:

Bronchopneumonia	5/30/36
Cerebral Apoplexy	6/3/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph J. Sadusky Jr. M. D.

(Address) Johns Hopkins Hospital

0 1936

F 24766

24766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Waltemeyer

(a) Residence: No. 1219 N Decker Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-8-36

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jessie Wilbur Waltemeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Alberta Catherine Wiethelm

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Jesse Waltemeyer
(Address) 1219 N Decker Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date June 10, 1936

19. UNDERTAKER John A. Murdoch
(Address) 300 E Baltimore St.

Filed ... 19 ... Registrar. Hughston Williams, M.D.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-8-, 1936. to 6-10-, 1936

I last saw him alive on 6-10-, 1936. Death is said to have occurred on the date stated above, at 4.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum - Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. M. Mayenschein, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

F 24767

24767 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sylvia Webb.

(a) Residence: No. 2315 Hunter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 1, 1935.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child. (Child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Alfred Webb

14. BIRTHPLACE (city or town) (State or country) Middlesex Va.

15. MAIDEN NAME Cornelia Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother

(Address) 2315 Hunter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/11, 1936

19. UNDERTAKER Rayner & Sanders

(Address) 1413 E. Preston St.

JUN 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

9

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 9, 1936

I last saw her alive on June 9, 1936 Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

Pertussis — Date of onset 5-23-36
Bronchopneumonia — 6-4-36

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C Stiffler, Jr., M. D.

(Address) .....

4612

T 24768

24768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Tuberculosis Division U-4612
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 12 W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yr. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Aaron Page

(a) Residence: No. 2101 St. Paul Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Page

DATE OF BIRTH (month, day, year) 1861 (?)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME John Page

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Lucy (?)

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6/12 19 36

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

U 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1934 to June 9, 1936
I last saw him alive on June 9, 1936 Death is said to have occurred on the date stated above, at 8.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur Karlin, M. D.
(Address) Baltimore City Hospitals

H. D. B. 1268-9

4769

✓ F 24769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Hanover St. St. 23-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Helena Rose

(a) Residence: No. 1023 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If ~~XXXX~~ widowed, ~~XXXXXX~~ ~~XXXXXXXX~~ (or) Wife of Charles Rose

DATE OF BIRTH (month, day, year) Sept. 4. 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Henry Vogel

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME ? Raeder

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs Wm. Hartwig

(Address) 1023 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 12. 1936

19. UNDERTAKER [illegible]

(Address) 424 N. Broadway

[illegible]

0 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9. 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/12/30, 19.., to June 9, 1936

I last saw her alive on June 8, 1936. Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease and carcinoma of the left breast.	Apr. 12, '30.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? D. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - -

(Signed) Harry Deitel M. D.

(Address) 1224-1226 Hanover St

F 24770

M. D. B 1268-9

24770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Robert St. Ward) 14-3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Henry Gordon

If U. S. Veteran specify WAR .....

(a) Residence: No. 557 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clementina Gordon

6. DATE OF BIRTH (month, day, year) Jan 2nd 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook Private do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Elijah Gordon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Clementine Gordon

(Address) 557 Robert St

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem Date 6-12 1936

19. UNDERTAKER Geo. T. Arrington

(Address) 1327 Division Ave

[illegible] Funeral Home

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 9 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 50 Augusta St

T 24771

24771 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Length of residence in city or town where death occurred

If U. S. Veteran specify WAR No Record

2. FULL NAME John Creney

(a) Residence: No. 1120 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 3rd 1871

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	6	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager Real Estate

9. Industry or business in which work was done, as silk saw mill, hank, etc. Enoch Pratt Library

10. Date deceased last worked this occupation (month and year) Oct 1935

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm T. Creney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Pepton

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Bessie Creney

(Address) 1120 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/11/1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/13, 1936 to 6/9, 1936

I last saw h alive on 6/9, 1936 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1934
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/13/36

For what disease or injury? Intestinal Obstruction

Name of operation Caecostomy Date of 4/13/36

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Rein, M. D.

(Address) University Hosp.

T 24772

M. D. B 1268-9

24772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Yes

2. FULL NAME Raymond L. Berry

(a) Residence: No. 2005 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Berry

6. DATE OF BIRTH (month, day, year) Nov 10, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec & Treas

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind Car Wheel Wks

10. Date deceased last worked at this occupation (month and year) Apr 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Thomas Berry

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Rachel Matthews

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace M. Berry

(Address) 2005 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 12 1936

19. UNDERTAKER Wm Cook & Bro

(Address) 417 E Fayette St

Huntington Williams

Registrar.

JUN 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound through head	6/9/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/9 1936

Where did injury occur? Hynes Park, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Shot himself with pistol

Nature of injury Brain trauma

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Coroner M. D.

(Address)

File No. 24773

HEALTH DEPARTMENT—CITY OF BALTIMORE

File 24773

CERTIFICATE OF DEATH

✓ 122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ineghs Hospital St., 7-W Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary F. Cook

(a) Residence: No. 905 N. Rose St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced ~~RESIDENT OF~~ (or) WIFE of George W. Cook.

6. DATE OF BIRTH (month, day, year) March 4 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Poleser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary F. Seldner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George W. Cook
(Address) 905 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 12 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED JUN 11 1936 Harrington [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of June 8, 1936

For what disease or injury? Intestinal Obstruction

Name of operation Enterotomy Date of June 8 36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Mheuion M. D.
Coroner

(Address) 1912 E. Madison

774 F 24774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH Maryland General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. St., 12 Ward)

ength of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wilson Ficke If U. S. Veteran specify WAR Navy

(a) Residence: No. 3917 Clovehill Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of Mrs Janice Ficke

DATE OF BIRTH (month, day, year) Jan 30th 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary Sec'y

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Superior Cake Co

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto md.

13. NAME George Ficke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jennie Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 13th 1936

19. UNDERTAKER Wm Cook
(Address) 417 N. Paul St

20. Filed JUN 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 9 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1936 to 6-9, 1936

I last saw him alive on 6-9 1936 Death is said to have occurred on the date stated above, at 9-15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Empyemia. Rt.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-4-36

For what disease or injury? Empyema

Name of operation Thoracotomy Date of 6-4-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Bamabi M. D.

(Address) Maryland General Hosp

M. D. B 1268-9

24775

F 24775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-T

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. / mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. ...

2. FULL NAME William Frederick Kregor.

(a) Residence: No. 1221 Wall St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Elfrieda Kregor.

6. DATE OF BIRTH (month, day, year) February 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary engineer. 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. So. Balto Genl Hosp.

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT (Address) Elfrieda Kregor. (wife) 1221 Wall St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date June 11th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St.

20. FILED JUN 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart	

Other contributory causes of importance:

Was an operation performed? None Date of ...

For what disease or injury? ... Date of ...

Name of operation ... What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M Reinhardt M. D. Coroner

6/9/36 (Address) 1017 S. Charles St.

M. D. B 1268-9

F 24776

F 24776 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 6-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lula May Davis

(a) Residence: No. 119 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Davis

7. DATE OF BIRTH (month, day, year) April 23 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nathalie Virginia
(State or country)

13. NAME Single m S. Virginia

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Ella V. Francisco

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Leonard Davis

(Address) 119 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place National Va Date 6-12-31

19. UNDERTAKER Harold E. Humphreys

(Address) 1911 Eastern Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h— death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute mania	May 29 1931
(Post mortem)	

Other contributory causes of importance: Pelvic peritonitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. V. Wright, M. D.
Coroner

(Address) 101 S. Edmondson Ave

Via P R R - Except Leonard Davis.

F 24777

F 24777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead.

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred ... yrs. 30 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Karol Barnas (Benet)

(a) Residence: No. 1719 Cole St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Benet

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O. R. R. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Repairing

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Barnas (Benet)

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Bielatowitz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sophia Benet
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 13 1936

19. UNDERTAKER T. W. Brazauski
(Address) 900 Eastern Ave.
Huntington Williams

20. FILED ... 19 ... Registrar

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9-36 19

22. I HEREBY CERTIFY, That I took charge of the case described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging	6.9.36
Other contributory causes of importance: Mental depression	May 15-36

Was an operation performed? No, Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? SUICIDE Date of injury ... 19...

Where did injury occur? At home in cellar
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Hung by rope from ceiling

Nature of injury By hanging

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify ...

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

24778 F 24778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46 D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 807 S. Port St. St. 1-4 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Czajkowska Czajkowski If U. S. Veteran specify WAR .....
(a) Residence: No. 807 S. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Constantz Czajkowski
DATE OF BIRTH (month, day, year) .....

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.
13. NAME Adamczyk.
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Unk.
16. BIRTHPLACE (city or town) (State or country) Poland
17. INFORMANT Eug. Kujawa Daughter
(Address) 807 S. Port St.
18. BURIAL, CREMATION OR REMOVAL
Place Holy Rosary. Date June 12 1936
19. UNDERTAKER Fred W. Ozgowski
(Address) 1930 Washington Blvd.

FILED ..... 19 ..... Registrar.
11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936 to June 5, 1936
I last saw her alive on June 1, 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? —
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury —
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Wladyslaw Kaczorowski, M. D.
(Address) 2529 Eastern Ave.

24779 F 24779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-D-93

Registered No. 14449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospts. St., 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1914 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Plauski

(a) Residence: No. 516 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 2-8-1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Mary, Interred JUNE 12 1936

19. UNDERTAKER Fred W. Oszewski
(Address) 1930 Eastern Ave.

20. FILED 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/1/1936 to 6/9/1936

I last saw him alive on 6/9/1936 Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Aortic insufficiency	?
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp

F 24780

F 24780

U-1343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 17-7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Turner.

(a) Residence: No. 630 W. Biddle Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 28, 1918.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

13. NAME Walter Turner

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Edna Porter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/13/ 1936

19. UNDERTAKER Frances A. Kingsley
(Address) 5 E. Biddle St

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to June 9, 1936
I last saw him alive on June 9, 1936 Death is said to have occurred on the date stated above, at 8.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1936
Brain Abscess (Metastatic)	May 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospitals

24781 F 24781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (Street) ..... (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul H. Darrington

(a) Residence: No. 2815 St. Paul St. (Street) City Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Wilmer

DATE OF BIRTH (month, day, year) Sept 17, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy. City Service Commission

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Darrington

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Florence A. Archer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Isabel W. Darrington

(Address) 2815 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date June 12 1936

19. UNDERTAKER John Ortwein & Sons

(Address) 1905 Eutaw Pl

Huntington Williams Registrar.

20. FILED ..... 19.....

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936 to June 10 1936

I last saw h.. alive on June 10, 1936 Death is said to have occurred on the date stated above, at 4:17 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Migrating phlebitis	2/5/36
Carcinoma of Transverse colon	?

Other contributory causes of importance:

Was an operation performed? Yes Date of {3-23-36 4-6-36

For what disease or injury? Phlebitis

Name of operation {Ligation & Exploration Popliteal space Site of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Howard A. Kelly, M. D.

(Address) Union Memorial Hosp.

24782 F 24782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N. Caroline St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Wood

(a) Residence: No. 1522 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Roberts

DATE OF BIRTH (month, day, year): Sept. 28, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Building contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (retired)

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

13. NAME: Sheppard Wood

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Emily Price

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Jennie F. Wood

(Address): 1522 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: June 11 1936

19. UNDERTAKER: John O. Mitchell & Sons Inc.

(Address): 1900 Eutaw place

JUN 11 1936 . 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 . 1934 to June 9 . 1936

I last saw him alive on Jun 1 . 1936. Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

Cardiac Exhaustion — Date of onset 6/9/36

Other contributory causes of importance:

arteriosclerosis & hypertension — 9/22/34

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John W. Sanderson M. D.

(Address) 1714 N. Caroline St.

Rec.—2-29-28—L. F. S.—500 Bks.

24783

F 24783

HEALTH DEPARTMENT—CITY OF BALTIMORE

117-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 1439 N Carey ST. 15-I WARD)

2—FULL NAME Jessie Lawson

(a) RESIDENCE NO. 1439 N Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Betty E Lawson

DATE OF BIRTH (month, day, and year): Nov. 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): W.P.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: George Lawson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant: Robert Jones

(Address) 1439 N Carey

Filed 11 1936, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10, 1936

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to June 10, 1936, that I last saw him alive on June 10, 1936, and that death occurred, on the date stated above, at 10-74 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Gastric Ulcer

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George McDonald, M. D.

, 19 (Address) 644 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: June 12 1936

UNDERTAKER: Howard E Wright

ADDRESS: 700 N Carey

F 24784

F 24784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Bland

(a) Residence: No. 861 W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Gidley

DATE OF BIRTH (month, day, year): 8-15-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Wm.

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Annie Jackson

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: June 12, 1936

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 322 S. Monroe St. Baltimore, Md.

JUN 11 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1936 to 6/9, 1936

I last saw her alive on 6/9, 1936 Death is said to have occurred on the date stated above, at 11:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

24785 ✓ F 24785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 W. Franklin St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy J. White

(a) Residence: No. 1623 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Elijah White

DATE OF BIRTH (month, day, year) August 24 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	9.	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Work

10. Date deceased last worked at this occupation (month and year) 6/5/36

11. Total time (yrs.) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) North Kingstown R.I.

13. NAME Williams Church

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lucy Moore

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lucy Church (Mother)
(Address) 1623 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 13, 1936

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 332 S. Schroeder St.

I hereby certify that the above is a true copy of the record in my office. Registrar.

JUN 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1936 to June 12th 1936. Last saw her alive on June 12th 1936. Death is said to have occurred on the date stated above, at 2:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis,	6/9/36
Other contributory causes of importance Improper Food & Gastro Intestinal Irritation	6/9/36

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Grayson M. D.

(Address) 622 N. Arlington Ave.

24436
14

✓ F 24436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 18-2 Ward) Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Charles Scott

(a) Residence: No. 1045 W Mulberry St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

DATE OF BIRTH (month, day, year) 2/9/05

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	4		

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 002
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Alfred Scott

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Ross

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 13, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lexington St. Mrs Katie R. Williams

19 JUN 1936 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to June 9, 1936
I last saw him alive on June 9, 1936. Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure because of thoracic mass left.	002

Other contributory causes of importance:
Mitral Rheumatic disease

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? X Ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify WM. REMMLEIN

25. Signed) [illegible] M.D.

(Address) Johns Hopkins Hospital

24787 Economides ✓ F 24787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH St Agnes Hospital Registered No. 16-10
CITY OF BALTIMORE: (No. Wilkens and Caton Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME John Economides Economides
(a) Residence: No. 140 S Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~: Josephine Economides
6. DATE OF BIRTH (month, day, year): Feb 22nd 1906
7. AGE: Years 30; Months 3; Days 16 17; If LESS than 1 day, hrs. or min.
OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant
10. Date deceased last worked at this occupation (month and year): June 1935
11. Total time (years) spent in this occupation: 10yrs
12. BIRTHPLACE (city or town) (State or country): Greece
MOTHER FATHER
13. NAME: Maurice Economides
14. BIRTHPLACE (city or town) (State or country): Greece
15. MAIDEN NAME: Mary Markouson
16. BIRTHPLACE (city or town) (State or country): Greece
17. INFORMANT (Address): Josephine Economides 140 S. Bouldin St
18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: June 12, 1936
19. UNDERTAKER (Address): Frank Della Rose 56 N. Motley St.
20. FILED: 11 1936, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to June 9, 1936
I last saw him alive on June 9, 1936. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows: Gastro Ileo Enterostomy — Data of onset
Other contributory causes of importance:
Was an operation performed? / Date of May 9-1936
For what disease or injury? Ulcer
Name of operation Enterostomy Date of May-1936
What test confirmed diagnosis? Was there an autopsy? yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) St Agnes Hospital

24788 ✓ F 24788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH U-11147 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-2 Ward.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Thomas

(a) Residence: No. 1513 Madison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Tom Thomas

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 6-11-1936

19. UNDERTAKER Wm H. Holland
(Address) 1481 Lexington Williams, Inc

Filed 6 11 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1935 to 6/6, 1936

I last saw her alive on 6/6, 1936 Death is said to have occurred on the date stated above, at 8 22 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 day
Arteriosclerosis	5
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

24789

307947

F 24789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Estelle James

(a) Residence: No. 617 N. Bond St St., Ward. Wash 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

DATE OF BIRTH (month, day, year) 5/2/79 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Richard Spriggs

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Marie Watkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 6/14/36

19. UNDERTAKER Robt Williams

(Address) 15-17 S. Eutaw St

20. FILED 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1935, to June 7, 1936

I last saw her alive on June 7, 1936. Death is said to have occurred on the date stated above, at 7 00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
diabetes	
gangrene of right leg	

Other contributory causes of importance:

Was an operation performed? yes Date of

For what disease or injury? gangrene of foot

Name of operation amputation of leg Date of Feb 1936

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul A Kimball, M. D.

(Address) The Johns Hopkins Hosp

M. D. B 1268-9

F 24790

24790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin H. Ewell

(a) Residence: No. 519 N. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pfeffer Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward Ewell

14. BIRTHPLACE (city or town) (State or country) Deanse Co. Va.

MOTHER

15. MAIDEN NAME Susan Baker

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clarence Ewell

(Address) New York N Y

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/17/36 19

19. UNDERTAKER Jno. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Acute Dilitation of Heart	

Other contributory causes of importance:

Alcoholism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clarence B. Wallace M. D.

(Address) 103 St. Paul St Coroner

4791 F 24791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH Maryland General Hospital Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 13-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mattie Reese

(a) Residence: No. 3312 Chestnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Archman Reese

DATE OF BIRTH (month, day, year) Nov 7 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	43	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) md.
(State or country)

13. NAME Leo Farrell

14. BIRTHPLACE (city or town) md.
(State or country)

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date June 13, 1936

19. UNDERTAKER Thompson-Dillon
(Address) 1615-17 Eutaw Pl.

20. FILED JUN 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1936 to 6-11 1936
I last saw her alive on 6-11 1936 Death is said to have occurred on the date stated above, at 9:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Cerebral Hemorrhage	
Renal Calculi, right	

Other contributory causes of importance:

Was an operation performed? Yes Date 4-20-36
For what disease or injury? Renal calculi, right
Name of operation Nephrolithotomy Date of 5-20-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Bernaby M. D.
(Address) Maryland Gen'l Hosp

F 24792

H. D. B. 1268-9

24792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH West Balto. Gen. Hosp

CITY OF BALTIMORE: (No. ..... St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose E. Wadley

(a) Residence: No. 17 St. Albans Way St., Ward.

(Usual place of abode) St. Albans (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William T. Wadley

7. DATE OF BIRTH (month, day, year): Nov 3, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 7a

12. BIRTHPLACE (city or town) (State or country): Unknown

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Wm. T. Wadley Jr.

(Address) 1126 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: June 13 1936

19. UNDERTAKER: C. Bernard Ward

(Address) 3650 Edmondson

APR 11 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1936 to 6-10-1936

I last saw h... alive on 6-1-1936 Death is said to have occurred on the date stated above, at 9½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Cervix	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Shanbacher M. D.

(Address) West Balto Gen. Hosp.

F 24793

24793 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Prescoe

If U. S. Veteran specify WAR ..... no .....

(a) Residence: No. Stemmers Run St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

7. DATE OF BIRTH (month, day, year): 8-1-81

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Henry Prescoe

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Putty Hill Cem. Date June 13 1936

19. UNDERTAKER Fredk. Lashbaugh & Son

(Address) 7801 Belair Rd.

20. FILED 1936 Washington Hollingsworth Jr. R.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to June 10, 1936

I last saw him alive on June 10, 1936 Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma, spindle cells, (Retro peritineal) with metastases to lungs, liver and peritoneum.	? May, 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Sadusky Jr., M. D.

(Address) Johns Hopkins Hospital

H. D. B 1268-9

F 24794

HEALTH DEPARTMENT—CITY OF BALTIMORE

24794

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH John Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Heller MD

(a) Residence: No. 1937 Gough St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E Heller

DATE OF BIRTH (month, day, year) Nov-7-1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Eason Heller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bonnie R Hipps

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Heller

(Address) 1937 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date June 13 1936

19. UNDERTAKER John Murphy

(Address) Owings Mills Md

FILED JUN 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 '36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/5/36

Other contributory causes of importance: .....

Was an operation performed? Yes Date of 6/8/36?

For what disease or injury? Fracture Skull

Name of operation? Decompression Place of .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/5/36

Where did injury occur? Baltimore + Broadway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Intersection

Manner of injury Collision between two automobiles

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signature Herbert Boerger Jr M. D. Coroner

(Address) 707 N. Charles St

24795 F 24795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-61

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Avenue St., Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Sister Mary Austin Blackmore

If U. S. Veteran specify WAR

(a) Residence: No. 5712 Roland Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 8, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) (State or country) Louisiana

13. NAME T. J. Blackmore

14. BIRTHPLACE (city or town) (State or country) Not obtainable " "

15. MAIDEN NAME M. C. Paup

16. BIRTHPLACE (city or town) (State or country) Not obtainable " "

17. INFORMANT Mother Mary Placide

(Address) 5712 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 6/12 1936

19. UNDERTAKER Henry Mc Mearty Son

(Address) 508 N. Calvert St.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19--, to June 11, 1936

I last saw her alive on June 7th, 1936. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy (Central thrombosis)	May '36
Generalized Cerebral Arteriosclerosis	

Other contributory causes of importance:

Senility

Cerebral Calcinosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles J. Donovan M. D.

(Address) 1 East Read St

31659
24796

✓ F 24796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carlyle Walton

(a) Residence: No. ..... Forest City, N. C. St., ... Ward. H.C. 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Mar. 18, 36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME John Walton

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Bertha Peronie

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Forest City, N.C. Date June 11 1936

19. UNDERTAKER Fred C. Mitchell & Son

(Address) 1400 Eutaw Place

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9 1936 to June 11th 1936

I last saw him alive on June 11th 1936 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, congenital	May '36
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6/11/36

For what disease or injury?

Name of operation Cheesia pleurectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

24797 HEALTH DEPARTMENT—CITY OF BALTIMORE #24797

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Louise Bourg (Bourg) If U. S. Veteran specify WAR No Record

(a) Residence: No. 1704 Montepelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3. If married, widowed, or divorced (or) WIFE of Clemence Bourg

DATE OF BIRTH (month, day, year) July 2 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56		11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 25th 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Hoffenbert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date June 13th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED JUN 12 1936 Huntington Whitaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/1936

22. I HEREBY CERTIFY, That I attended deceased from 6-5-1936 to 6-11-1936

I last saw her alive on 6-11-1936 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerotic Hemiplegia — Date of onset

Hypertension

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John N Barnaby M. D.

(Address) Maryland Gen'l Hosp

24798 F 24798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Race St. 2353 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Charles R Poole

(a) Residence: No. 1627 Race St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Adelaide Poole

7. DATE OF BIRTH (month, day, year) April 5th 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto do

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Chas Poole

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lottie Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Adelaide Poole

(Address) 1627 Race St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 13th 1936

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED JUN 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to June 10 1936

I last saw him alive on June 10 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous (indefinite) Nephritis	
Other contributory causes of importance:	
Uremia	6/9/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

6/11/36 (Signed) H. C. Campbell M. D.

(Address) 1614 Hanover St

M. D. B 12[illegible] F 24799 ✓ F 24799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp. St. 11-1 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate Laurence

If U. S. Veteran specify WAR No Record

(a) Residence: No. 614 N Calvert St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) About 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 62				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeper Lodg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rooming house

10. Date deceased last worked at this occupation (month and year) June 7/36

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Dora Schuly

(Address) 1412 N Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 12/36

19. UNDERTAKER Wm Leach

(Address) 1217 St Paul St

20. FILED JUN 12 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and, from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? el Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas B. Mallory M. D.

Coroner

(Address) 931 St Paul St

M. D. F 24801 ✓ F 21800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 12-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry L. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 2812 L St Richmond Va Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Jackson

6. DATE OF BIRTH (month, day, year) Jan 23 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

10. Date deceased last worked at this occupation (month and year) 1/25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Va

FATHER

13. NAME Wm. O. Brown

14. BIRTHPLACE (city or town) (State or country) Prince George Co Va

MOTHER

15. MAIDEN NAME Cora Parrish

16. BIRTHPLACE (city or town) (State or country) Scotland Co Va

17. INFORMANT Records U. S. Marine (Address) 1402 Bell Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date 6/12 1936

19. UNDERTAKER Frances P. Hensley (Address) 510 S Bidd St

JUN 12 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Disease, Myocarditis Chronic	?
Arteriosclerosis Generalized	?
Pulmonary Tuberculosis Chronic	30 yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. O. Bidulph M. D.

Coroner

(Address) Coroner

24801

✓ F 24801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-0

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3226 Keswick Rd St., 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Milton H Wilson

(a) Residence: No. 3226 Keswick Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Wilson

6. DATE OF BIRTH (month, day, year) March 24-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 60-24

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Ephriam H. Wilson

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary A Wilson

(Address) 3226 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 13 1936

19. UNDERTAKER Randall H. Feth

(Address) 709 W 33 St.

Huntington Williams M.D.

Registrar

121936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon; and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6-10-36
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. H. Drumheller M. D.

Coroner

(Address) Coroner

F 24802

F 24802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-c

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-26 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Beck

(a) Residence: No. 431 N. Lakewood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 3/8/66

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adolph Beck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Thomas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz's Cem. Date June 13 19 36

19. UNDERTAKER Philip Henry Sons

(Address) 206 Eden ave

FILED ..... 19 .....

42 19388

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 19 36

22. I HEREBY CERTIFY, That I attended deceased from May 27 19 36 to June 10 19 36

I last saw her alive on June 10 19 36 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion following a uterine suspension operation for prolapse.

Date of onset June 10 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of June 1, 1936

For what disease or injury? Prolapse Uterus

Name of operation Watkins Interposition Date of 6-1-36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence, fil in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Milton L. Boley M. D.

(Address) Johns Hopkins Hospital Balto.

24803 ✓ F 24803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 15-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth 7 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frieda Rosenthal

(a) Residence: No. 3616 Springdale Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Herman Strauss
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Baila
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Husband
(Address)
18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 6-14-36 19
19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Baltimore St.

121936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936 to June 11, 1936

I last saw her alive on June 11, 1936 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:—

	Date of onset
Acute encephalitis	6/11/36
	about

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel H. Kalgorod M. D.

(Address) Sinai Hospital

M. D. B. 1203-3

F 24804

F 24804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Levindale Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. ... Ward) Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Spiegler

(a) Residence: No. Belvedere & Greenspring Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 1838

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	98			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Miller

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Einhorn
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rising Sun Date June 10 1936

19. UNDERTAKER Fol Levinson & Bro
(Address) 1127 E Baltimore St

Registrar.

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1930, to 6-12, 1936.

I last saw h-e alive on 6-11, 1936. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. vascular disease	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Chr. Bronchitis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edmund Levin, M. D.

(Address) Levindale

F-24805

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-24805

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie L. Luckey

(a) Residence: No. 1529 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 17, 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0127

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sumpter, S. C.

13. NAME Bryant

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Salima Solomon

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. June 14 1936

19. UNDERTAKER Virginia A. Brooks
(Address) 2463 N. Carey St.

JUN 12 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13-36 19..., to 6-10-36, 19...

I last saw her alive on 6-10-36, 19... Death is said to have occurred on the date stated above, at 9.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	?
c Metastasis	

Other contributory causes of importance:

Was an operation performed? ..... Date of ..... Unk

For what disease or injury? Radical mastoidectomy at another hospital

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson, M. D.

(Address) Balto. City Hosp.

24806 F 24806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

#13657 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR: .....

2. FULL NAME Delia Strange

(a) Residence: No. 921 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

7. DATE OF BIRTH (month, day, year) 3-1-1894

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Virginia
(State or country)

13. NAME Henry Venerable (deceased)

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Charlotte Williams

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date June 15 1936

19. UNDERTAKER James A. Sayes
(Address) 142 W. Lexington St.

20. 12 1936 19 ..... H. Eugene Pettigrew M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18-36, 19..., to 6-10-36, 19...

I last saw her alive on 6-10-36, 19... Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?
Other contributory causes of importance: Secondary Hemorrhage	6-9-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

24807 HEALTH DEPARTMENT—CITY OF BALTIMORE 24807

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH Bon Secours Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2201 W. Lafayette Ave St., 17 Ward) Registered No.

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Kohlenstein

(a) Residence: No. 3010 Spalding ave St., Ward. (If non-resident give city or town and State)

Parents (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) —

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 10/36

AGE: Years — | Months — | Days 1 | If LESS than 1 day, ..hrs. or ..min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto-Md

13. NAME Bernard Kohlenstein

14. BIRTHPLACE (city or town) (State or country) Balto-Md

15. MAIDEN NAME Leonore Freed

16. BIRTHPLACE (city or town) (State or country) Chicago-Ill

17. INFORMANT M. B. Kohlenstein

(Address) 4656 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL Balto. Hebrew Cem 6/12/ 1936

19. UNDERTAKER J. Abrams & Co

(Address) 1432 Reisterstown Rd

20. FILED JUN 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-10-36, 19.., to 6-11-36, 19..

I last saw him alive on 6-11-36, 19.. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subtentorial Hemorrhage.	6-10-36
Post mortem Done.	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Shanaman M. D.

(Address) Bon Secours Hospital

M. D. B 1268-9

24808 HEALTH DEPARTMENT—CITY OF BALTIMORE 24808

CERTIFICATE OF DEATH

46-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Allen Procter

If U. S. Veteran specify WAR.....

(a) Residence: No. 1417 Mace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Minnie Procter

(Address) 1131 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 15. 1936

19. UNDERTAKER Edward Burgan

(Address) 1917 Orleans St

JUN 12 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	

Other contributory causes of importance: Probably carcinoma genito urinary tract

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wright M. D.

Coroner

(Address) 1010 S. Eliot St

F 24809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24809

X 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugene Howard

(a) Residence: No. Milford Rd., Pikesville, St., Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Howard

7. DATE OF BIRTH (month, day, year) Oct 4, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	70	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henson Howard

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Anna Howard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Cross, Aunt (Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Lawn Cem. Date 6/14/1936

19. UNDERTAKER Frank A. Jewell (Address) Pikesville, Md. Arlington Williams

..... 19..... Registrar.

121936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-17-, 1936 to 6-12-, 1936.

I last saw him alive on 6-12- 1936 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	1 yr.
Other contributory causes of importance: Metastases & pleural effusion	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Wallace Silverstein M. D.

(Address) c/o Mercy Hosp.

F 24810 F 24810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14498 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles ~~Pikkerton~~ PILKERTON.

(a) Residence: No. 1023 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3-23-1920

6. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ambrose

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Minnie Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Maple Lawn Memorial Park Date 6/15 1936

19. UNDERTAKER H. D. Covington
(Address) 310 Gravenhill St. Huntington Williams

20. Registrar.

JUN 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/3 1936 to 6/11 1936

I last saw him alive on 6/11 1936 Death is said to have occurred on the date stated above, at 5-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Bal Dept Hosp

24811 F 24811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12407

45-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1915 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Boyd

If U. S. Veteran specify WAR .....

(a) Residence: No. 235 Amity St., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-11-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hodcarrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tenn.

13. NAME Washington (D)

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Mary (D)

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Records of BaltoCity Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 12, 1936

19. UNDERTAKER .....

(Address) .....

20. FILED 1936 Huntington Williams

2373

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1936 to 6-8, 1936

I last saw him alive on 6-8, 1936 Death is said to have occurred on the date stated above, at 1150 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Tonsil	?

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

24812 F 24812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34J-95B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Travers

(a) Residence: No. 1902 Abbott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 7-4-1852

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norwick Co., Va.

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Katherince Vaughn

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 12 1936

19. UNDERTAKER
(Address)

2 1936
2812

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/13/1933 to 6/10/1936

I last saw him alive on 6/10/1936 Death is said to have occurred on the date stated above, at 4 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reeter M. D.

(Address) Baltimore, Md.

M. D. B. 1268-9

F 24813 F 24813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936 ✓

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Maryland Penitentiary St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willis Williams

(a) Residence: No. 954 Forest St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 5th 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 1074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loading ships

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rockett, Va.
(State or country)

FATHER

13. NAME Babe Williams Dead

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Dennie P. Williams

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Friendly
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date June 15 1936

19. UNDERTAKER .....
(Address)

20. Registrar.

1936 2571

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 17th 1936 to June 12th 1936

I last saw him alive on June 12th 1936. Death is said to have occurred on the date stated above, at 12:22 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 5th Cervical Vertebra	6-12-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John F. Aubrey M. D.

(Address) Md. Penitentiary

F 24814 F 24814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alva P. Linthicum

(a) Residence: No. 1118 N. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby Underwood

7. DATE OF BIRTH (month, day, year) 12-10-1892

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	1	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gr. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Alva H. Linthicum

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Arabella Brewer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 6/15/36

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1125 Harford Ave.

20. FILED JUN 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1936 to 6/11, 1936

I last saw him alive on 6/11, 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.
(Address) Balto. City Hosp.

F 24815

U-5056.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24815

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Tuberculosis Division, Registered No.....

CITY OF BALTIMORE: (No. Baltimore City Hospitals 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ollie Kolb.

(a) Residence: No. 3 S. Frederick Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Kolb

6. DATE OF BIRTH (month, day, year) February 9, 1898.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME August Kolb

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizabeth Kahl,

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cuyahoga Falls Ohio June 12 1936

19. UNDERTAKER John Ullrich
(Address) 2008 Pleasant

12 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1935 to June 11, 1936

I last saw him alive on June 11, 1936 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arthur Carlson M. D.

(Address) Baltimore City Hospitals

F 24816

24816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓97

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 E. Pratt St., 1-W Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary O'Connell

If U. S. Veteran specify WAR .....

(a) Residence: No. 3004 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of Timothy O'Connell

6. DATE OF BIRTH (month, day, year): Nov. 20-1850

7. AGE: Years 85 | Months 6 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Patrick Mullin

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Ellen Horrigan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary O'Connell
(Address): 3004 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: June 12, 1936

19. UNDERTAKER: John A. Horan
(Address): 3009 E. Baltimore St.

20. FILED: 6/11/36 Registrar

6 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/10/1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936 to June 10, 1936

I last saw her alive on June 9, 1936 Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	indefinite
Other contributory causes of importance:	
Exhaustion	6/8/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. L. Campbell M. D.

(Address) 1644 Hanover St.

24817 F 21817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 S Highland Ave St., 46-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kunigunda Regenhardt

If U. S. Veteran specify WAR

(a) Residence: No. 1111 S Highland Ave St., 26 Ward.

(Usual place of abode) 66 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Regenhardt

6. DATE OF BIRTH (month, day, year) July 21 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	17 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Regenhardt son

(Address) 1111 S Highland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Date June 13 1936

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 40 & S Wolfe St

20. FILED 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to June 10 1936

I last saw her alive on June 9 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1935

Other contributory causes of importance:

Acute Myocarditis	6/9/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an antopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. B. Tilson M. D.

(Address) 31 N. S. Highland Ave

M. D. B. 1268-9

F 24818

4818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 148

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary St., 10-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 6 yrs. ..... mos. ..... da.

2. FULL NAME Eugenio Perez

(a) Residence: No. 954 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Gillen Perez

6. DATE OF BIRTH (month, day, year) April 1st, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ships

10. Date deceased last worked at this occupation (month and year) 0026

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Aguadilla, Puerto Rico

FATHER

13. NAME Constantino Perez (Dead)

14. BIRTHPLACE (city or town) (State or country) Puerto Rico

MOTHER

15. MAIDEN NAME Paula Valle (Living)

16. BIRTHPLACE (city or town) (State or country) Aguadilla, Puerto Rico

17. INFORMANT Himself
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 7/12, 1936
Place Bac and Head

19. UNDERTAKER J. J. Raby & Son
(Address) 1311 Light St

20. FILED 7-12-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 22nd, 1935, to June 12th, 1936

I last saw him alive on June 12th, 1936 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

Dislocation of 3-4 Cervical Vertebrae

Strangled by Prisoner

Other contributory causes of importance:

Date of onset
6-12-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John D. Aubrey, M. D.

(Address) md. Penitentiary

F 24819

24819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No. 13482

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Gick or Geek

(a) Residence: No. 522 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1875 ?

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Martha Andrew

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Johnson Date 6/13/36

19. UNDERTAKER Wm C. Gault & Son
(Address) 1217 E. Fayette St.

[illegible] 12 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-4-1936 to 6-11-1936

I last saw him alive on 6-11-1936 Death is said to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Other contributory causes of importance: Chronic Emphysema	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

13901

24820

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24820

51-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Miller

(a) Residence: No. 809 Cator Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Mamie~~ Elizabeth

6. DATE OF BIRTH (month, day, year) 8-16-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. Md.
(State or country)

13. NAME Henry

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Lamehart

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 6/15/36

19. UNDERTAKER [illegible]
(Address) 1217 E. Fayette St.

20. FILED [illegible]

JUN 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1936 to 6-11, 1936

I last saw him alive on 6-11, 1936 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	?
Other contributory causes of importance: Terminal Bronchopneumonia	6-9-36

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

821 Deibel F 24321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 1328 S Hanover St

CITY OF BALTIMORE: (No. 1328 S Hanover St 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry R Osing

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1328 S Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, ~~Married, Widowed,~~ or Divorced (~~write the~~ word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): Feb 19 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Andrew Kneicher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Balto

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr Andrew Kneicher
(Address) 1328 S Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 13, 1936

19. UNDERTAKER: W M Lee & Son
(Address) 1217 St Paul St

JUN 12 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1936 to June 11, 1936

I last saw him alive on June 10, 1936 Death is said to have occurred on the date stated above, at 5 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Jan. 23, '36.
Other contributory causes of importance: Cerrebral hemorrhage	6/7/3

Was an operation performed? no Date of .....

For what disease or injury? - -

Name of operation - - Date of .....

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - -

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

F 24822

4822 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 St. Paul St. St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ephraim Bacon

(a) Residence: No. 3101 St. Paul St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Switzer

DATE OF BIRTH (month, day, year) October 4, 1836

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

13. NAME John Bacon

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Shuster

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary L. Bacon
(Address) 3101 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 6/13/36 19

19. UNDERTAKER Warren W. Marsden
(Address) 505 N. Calvert St.

JUN 12 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1935 to June 11 1936

I last saw h alive on June 11 1936 Death is said to have occurred on the date stated above, at 4:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bacteriuria	
Pseudocarcinoma	1 yr ago
Carcinoma Stomach	
Other contributory causes of importance:	
Acute Bronchopneumonia	
with Streptococcus Hemolyticus	

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation ..... Date of .....

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hiberius Beck, M. D.

(Address) 5 Chase St

823 F 24823

3145 85

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 7-5 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 7 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmer Bennett

(a) Residence: No. 742 nw. 69. MIAMI, FLA. Ward. Miami Fla.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-26

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla

MOTHER FATHER

13. NAME Carl Bennett

14. BIRTHPLACE (city or town) (State or country) Fla

15. MAIDEN NAME Reba Salter

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Pl. Miami Fla. Date 6/12 36

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

(Signed) Washington Williams

Registrar

19 36 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8. 1936. to June 12. 1936

I last saw him alive on June 12. 1936 Death is said to have occurred on the date stated above, at 1245 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, Malignant	Nov. 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/10/36

For what disease or injury? Ventricular exploration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

24824 F 248
3143349

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 7-5 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas M Howard

(a) Residence: No. 2934 Bellevue Terrace St., Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella

7. DATE OF BIRTH (month, day, year) 10-3-68

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	68	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dist Columbia

MOTHER FATHER

13. NAME John C Howard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Conrad

16. BIRTHPLACE (city or town) (State or country) D. C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date June 15 1936

19. UNDERTAKER Rittgers & Dye

(Address) 223 Monument St.

20. FILED 3 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to June 13 1936

I last saw him alive on June 13, 1936 Death is said to have occurred on the date stated above, at 540 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder.	? 8 mo
Myocarditis	?
Bronchiectasis Chronic Bronchitis	?
asthma + Bilat Pneumonia (Bronch)	48 hr dur

Other contributory causes of importance:

Two operations previously + Uremia Succeeded 3 days before Death

Was an operation performed? Yes Date of June 2 1936

For what disease or injury? Carcinoma of Bladder

Name of operation Suprapubic Cystotomy + Vesicostomy June 2-1936 Date of June 9 1936

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh H. Jewett, M. D.

(Address)

F. 24825

F 24825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4013 Edmondson Ave. St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Layton

(a) Residence: No. 4013 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Dickel Layton

6. DATE OF BIRTH (month, day, year) April 5, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Layton

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs. John W. Layton

(Address) 4013 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date June 15, 19 36

19. UNDERTAKER Harrod & Sutphin

(Address) 4101 Edmondson Ave.

... 19 ... Huntington Williams, Registrar.

31935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-12 . 19 36 to 6-12 . 19 36

I last saw him alive on 6-12-36 . 19 ... Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver (primary)	1934
Bronchopneumonia	6-9-36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel Levinglow, M. D.

(Address) 3512 Lucile Ave.

M. D. R. 1268-9

24826

F 24826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Port St. St., 8-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Denhard

(a) Residence: No. 1603 N. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kahl Denhard

6. DATE OF BIRTH (month, day, year) July 14, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrical Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year): 6 29

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Valentine Denhard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Michael

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Claud Smith
(Address) 626 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 15, 1936

19. UNDERTAKER Frank Lentz & Co.
(Address) 101 Edmondson Ave.

20. FILED 1936 Huntington Williams, M.D.

JUN 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to June 12, 1936

I last saw him alive on June 11, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas

Date of onset ?

Other contributory causes of importance:

Metastases to liver & glands

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thornton E. Stacy M. D.

(Address) 3803 Edmondson Ave

M. D. B 1288-9

4827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53C / F 24827

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Houston Kessler If U. S. Veteran specify WAR None

(a) Residence: No. Roanoke Va St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie L. Kessler

6. DATE OF BIRTH (month, day, year) Aug 3 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Kessler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Alice Shay

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Effie L Kessler (Address) Roanoke

18. BURIAL, CREMATION, OR REMOVAL. Place Roanoke Va Date June 13 1936

19. UNDERTAKER H. J. Knudsen Jr (Address)

20. FILED JUN 13 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant tumor of brain	

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of June 11-36

For what disease or injury? Tumor of brain

Name of operation Craniotomy Date of 6/11/36

What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. Monument Ave

24828 3139 78

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 24828

CERTIFICATE OF DEATH

V 96

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 15-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thos. R. Moore

(a) Residence: No. 3006 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Laura Moore

6. DATE OF BIRTH (month, day, year): July 15 1875

7. AGE: Years 60 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bond Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Macubin Legg C.

10. Date deceased last worked at this occupation (month and year): May 1936

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Petersburg Va

FATHER

13. NAME: Thos. R Moore

14. BIRTHPLACE (city or town) (State or country): Petersburg Va

MOTHER

15. MAIDEN NAME: Helen Chamelin

16. BIRTHPLACE (city or town) (State or country): Leesburg Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: June 15 1936

19. UNDERTAKER: Wm J Tyler & Son
(Address) Eutaw & Pa Aves

JUN 13 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936, to June 12, 1936

I last saw h— alive on June 10, 1936 Death is said to have occurred on the date stated above, at 8 05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1, Dissecting aneurysm of aorta	5/23
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob J. Kaplan, M. D.

(Address) Johns Hopkins Hospital

4829 F 24829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Kensington St. 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Cary Packard

If U. S. Veteran specify WAR .....

(a) Residence: No. 414 Kensington Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed or divorced HUSBAND of (or) WIFE of ~~Edgar B. Packard~~

6. DATE OF BIRTH (month, day, year) Sept 15-1858

7. AGE: Years 77; Months 8; Days 27; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brockton, Mass.

13. NAME James A Packard

14. BIRTHPLACE (city or town) (State or country) Brockton Mass

15. MAIDEN NAME Gardner E Parker

16. BIRTHPLACE (city or town) (State or country) Brockton Mass

17. INFORMANT Miss Sarah E Morton

(Address) 414 Kensington Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 17 1936

19. UNDERTAKER J. Frank Sons

(Address) North Ave

20. ... Registrar.

JUN 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 1936 to June 11 1936

I last saw her alive on June 11 1936 Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	May 1934

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Duncan Thomas M. D.

(Address) 718 Med Arts Bldg

F 24830

F. D. 24830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Genevieve Hildebrandt

(a) Residence: No. 1622 N. Bethel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Charles Hildebrandt

6. DATE OF BIRTH (month, day, year) March 24 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June, 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles A. Salisbury

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary E. Dandenard

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles Hildebrandt
(Address) 1622 N. Bethel

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cemetery Date 6-13-36 19

19. UNDERTAKER Mitchell & Humphreys
(Address) 1 E. Lexington

6-13-1936 Lexington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1936 to 6-10, 1936

I last saw h.er alive on June 10, 1936 Death is said to have occurred on the date stated above, at 6-10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	
Chronic Nephritis	

Other contributory causes of importance: anuria

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Reub Finkelstein M. D.

(Address) Sinai Hospital

F 24831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Emil J. Forslund

(a) Residence: No. 419 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 24, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 4-24-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stockholm (State or country) Sweden

MOTHER FATHER

13. NAME Adolf Forslund

14. BIRTHPLACE (city or town) Stockholm (State or country) Sweden

15. MAIDEN NAME Marie ??

16. BIRTHPLACE (city or town) Stockholm (State or country) Sweden

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Date 6-13-36 19

19. UNDERTAKER Mudell & Burns (Address) 5-31 W. Pratt St.

FILED 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to June 9, 1936.

I last saw him alive on June 9, 1936. Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, rt., middle lobe	5-3-36
Pleurisy, suppurative, acute, rt.	6-4-36
Endocarditis, acute, bacterial	5-23-36
Other contributory causes of importance:	
Septicemia, origin pleurisy, pneumococcic	6-11-36

Was an operation performed? yes Date of 6-6-36

For what disease or injury? Pleurisy

Name of operation Resection of rib & drainage of chest Date of 6-6-36

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) T.B.N. Anderson, M. D.

(Address) U.S. Marine Hospital

F 24832

24832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 13056

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Knauff

(a) Residence: No. 3808 Bittison Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 4-28-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	1	13	

8. Trade, profession, or particular kind of work done, as spinner, saw ..., bookkeeper, etc. none

9. Industry or business in which work was done, ... silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Skipper

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ruth Powers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park Date June 13, 1936

19. UNDERTAKER Mrs. A. Miller & Son
(Address) 2334 Jefferson St

20. FILED JUN 15 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1936 to 6/11, 1936

I last saw her alive on 6/11, 1936 Death is said to have occurred on the date stated above, at 12 85 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Bronchopneumonia	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

F 24833

24833 HEALTH DEPARTMENT—CITY OF BALTIMORE

87-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Port St., 6-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Oted. L. Baker

(a) Residence: No. 424 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Baker

6. DATE OF BIRTH (month, day, year) June 28 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John T. Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Dippenaal

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Baker

(Address) 424 N Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem Date June 15 1936

19. UNDERTAKER Mrs E. Gilbert & Son

(Address) 2334 Eastern Ave

D 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to June 12 1936

I last saw him alive on June 12 1936. Death is said to have occurred on the date stated above, at 6.08 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	
Arteriosclerosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Krause M. D.

(Address) Med. Arts Bldg

24834 ✓ F 24834

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 E. Biddle St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Kennedy

(a) Residence: No. 1011 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Dennis P. Kennedy

6. DATE OF BIRTH (month, day, year) April 12, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 yrs	2 mo		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 6/30/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER FATHER

13. NAME John Connor

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Mary Kenney

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Nellie Johnson
(Address) 1011 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Grave Cathedral Cem. Date June 15 1936

19. UNDERTAKER Edmund H. Conklin
(Address) 924 E. Eager St.

20. FILED JUN 15 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/24 1936 to 6/12 1936

I last saw h alive on 6/11 1936 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6/9/36

Other contributory causes of importance: Toxic goiter

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. Bernard Wood M. D.

(Address) 1716 N. Calvert St.

M. D. P. 1268-9

✓ F 24835

24835

HEALTH DEPARTMENT—CITY OF BALTIMORE

51-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. James Purcell

(a) Residence: No. 3009 O'Donnell Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Purcell

6. DATE OF BIRTH (month, day, year) Aug. 28. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer - Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME John Henry Purcell

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Jane Lincoln

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. William H. Uhl (Daughter)

(Address) 3009 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Date June 14 19 36

19. UNDERTAKER HENRY SANDER & SONS, INC.

(Address) Baltimore & Broadway.

6-15 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 11, 1936

I last saw him alive on June 11, 1936, 19... Death is said to have occurred on the date stated above, at 8:00 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1933
Other contributory causes of importance:	
Hypostatic Pneumonia	6/9/36

Name of operation Suprapubic Prostatectomy Date of 6/8/36

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Carlton N. Adams, M. D.

(Address) ...

M. D. B. 1268-B

✓ F 24836

24836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 McCulloh St. 30-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam C. Lang

(a) Residence: No. 130 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced RUSBAND of (~~or WIFE~~) of Sophie E. Lang.

6. DATE OF BIRTH (month, day, year) June 24-1876

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 0013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groc. & Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara A. Loeffler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sophie E. Lang

(Address) 130 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 13 1936

19. UNDERTAKER J. B. Rhoades & Son

(Address) Baltimore Md.

20. FILED JUN 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th, 19.. to June 10th 1936

I last saw her alive on June 10, 1936 Death is said to have occurred on the date stated above, at 10.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Nov 1935
Angina Pectoris	
Thrombosis, Coronary Artery	

Other contributory causes of importance:

Toxemia	2 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Benj. O. W. Cenys M. D.

(Address) 400 N. Payson Ave

14363 ✓ F 24837

24837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Bailey

(a) Residence: No. 903 Ridgely St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 7 1870

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery June 15-36

19. UNDERTAKER Jos Jourdet & Son
(Address) 2117 E Baltimore St.

20. FILED ... 19 ... Registrar.

N 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/27/1936 to 6/11/1936

I last saw her alive on 6/11/1936 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 wk.
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Baltimore Hosp

24838

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24838

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 18 S. Elwood Ave St., 1-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Dentamaro

(a) Residence: No. 18 S. Elwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of William Dentamaro

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Dentamaro
(Address) 18 S. Elwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 15 1936

19. UNDERTAKER William F. Kieffer & Sons
(Address) 1618 Eastern Ave

20. FILED JUN 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to June 11, 1936

I last saw h alive on June 11, 1936 Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Chronic mitral insufficiency	
Nephritis	

Other contributory causes of importance:

Extra many years ago	
Valvular heart disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank N. Small, M. D.

(Address) 627 Druid Lake Park

1889 85
3149

HEALTH DEPARTMENT—CITY OF BALTIMORE DR 24839

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stella Sellers

(a) Residence: No. 213 Jasamine St., Ward. Jackson Miss
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 7/22/13

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Jackson Miss.

MOTHER FATHER

13. NAME Jesse Sellers

14. BIRTHPLACE (city or town) (State or country) Miss

15. MAIDEN NAME Julia Taylor

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Jackson Miss Date 6/13/36

19. UNDERTAKER Williams & Cook
(Address) 121 St Paul Street

JUN 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to June 12, 1936

I last saw her alive on June 12, 1936 Death is said to have occurred on the date stated above, at 2:23 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, Benign	1931

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/11/36

For what disease or injury?

Name of operation Right craniotomy Date of NS

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

24840 William Leipold ✓ 24840

F 24840 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24840

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St. 22-8 Ward

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR ..... no

2. FULL NAME William Leipold

(a) Residence: No. 511 Carding St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Leipold

6. DATE OF BIRTH (month, day, year) July 19, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Leipold

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Ruth Bosley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Joseph Leipold
(Address) 511 Carding Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date June 15, 1936

19. UNDERTAKER Martin Slater & Sons
(Address) 1827 W. North Ave

Huntington Williams, MD

FILED JUN 13 1936 CLERK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/20/36, 19..., to 6/12/36, 19... ; last saw h[illegible] alive on 6/12/36, 19... Death is said to have occurred on the date stated above, at 4:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Inguinal Hernia	6/11/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/24/36

For what disease or injury? Strangulated Hernia

Name of operation Herniotomy Date of 5/24/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lewis W. Barnaby, M. D.

(Address) Maryland Casualty Bldg

24841 V 24841 R 24841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128-Cliftmont Ave. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred - yrs. 2 mos. ds. How long in U. S. If of foreign birth? XXXXXXX ds.

If U. S. Veteran specify WAR.

2. FULL NAME Shedrick A. Snell

(a) Residence: No. Everett, Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Snell

6. DATE OF BIRTH (month, day, year) 1/22/1873

7. AGE	Years	Months	Days	If LESS than 1 day
	63	4	22 21	or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Constr. work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER FATHER

13. NAME Unknown "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Thelma I Klemp
(Address) 3128-Cliftmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Everett, Washn. Date 6/19/36 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. Filed 19 Registrar

J 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13- 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27- 1936 to June 13- 1936

I last saw him alive on June 12- 1936 Death is said to have occurred on the date stated above, at 2 A- m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	4/27/36
Other contributory causes of importance: Acute Dilatation of Heart	6/13/36

Was an operation performed? no Date of

For what disease or injury? no

Name of operation. no Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) E Gill Hall, M. D.

(Address) 1631 E Monument

F 24842

24842 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4407 Groveland Ave 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Georgeanna Naylor

If U. S. Veteran specify WAR

(a) Residence: No. 4407 Groveland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. Thos. E. Naylor

DATE OF BIRTH (month, day, year) Mar. 28 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Elkhorn Md.

13. NAME Jas. B. Harrison

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. Paul M. Naylor

(Address) 1521 Lakeside Ave.

BURIAL, CREMATION, OR REMOVAL

Place Elkhorn's Md. Date June 14 36

UNDERTAKER Wm. Fletcher Bond

(Address) York & Talbot Aves.

FILED JUN 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to June 13, 1936

I last saw h. alive on June 13, 1936. Death is said to have occurred on the date stated above, at 6.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Feb. 1936.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas E. Wilson M. D.

(Address) 3 W. Biddle

24843 F 24843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓47-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 11-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Priscilla Dougherty

(a) Residence: No. 916 North Gobin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Baltimore
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Brown
(Address) Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md Date June 15 1936

19. UNDERTAKER H. Howard Webb
(Address) Reisterstown Md

20. FILED JUN 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4 1936, to June 12 1936
I last saw her alive on June 12 1936. Death is said to have occurred on the date stated above, at 3.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	
Malnutrition	
Carcinoma of Lung	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Paul O'Leary M. D.
(Address) Sinai Hospital

4844 F 24844

STATE OF MARYLAND—CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 21

Village or City — No. 620 Lafayette Ave. St., Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Harris

(a) Residence: No. 620 Lafayette St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam. Harris.

6. DATE OF BIRTH (month, day, and year) Aug. 1, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oxford (State or country) N. C.

FATHER

13. NAME Charlie Anderson

14. BIRTHPLACE (city or town) Oxford (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary (unknown)

16. BIRTHPLACE (city or town) Oxford (State or country) N. C.

17. INFORMANT Sam. Harris (Address) 620 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oxford N.C. Date June 14 1936

19. UNDERTAKER P. C. Richardson (Address) 1120 Druid Hill Ave.

20. [illegible] 19

JUN 14 1936 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 19 (Day), 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936, to June 12 1936. Last saw her alive on June 13 1936; death is said to have occurred on the date stated above, at 7:15 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other Contributory Causes of importance:	
Cerebral Hemorrhage	

Name of operation — Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. Woolridge M. D.

(Address) 713 Lafayette Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24845 F 24845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth G Chisolm If U. S. Veteran specify WAR .....

(a) Residence: No. 1311 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 1-1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carolina

FATHER

13. NAME James Gardner

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Bayler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Martha Long 1110 Columbia Edwardsville

18. BURIAL, CREMATION, OR REMOVAL Place Fredericksburg Va Date June 13 1936

19. UNDERTAKER Mrs Robt A Elliott - daughter (Address) 1129 Carolina St

1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to bullet wound of Heart	June 10 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or Homicide Date of injury June 10 1936

Where did injury occur? 1311 Harlem Ave Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gunshot wound of heart

Nature of injury (Pistol)

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 509 Augusta St

F 21846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-S E. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Everett Fowlkes — If U. S. Veteran specify WAR .....

(a) Residence: No. Turners Station St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6/3/83

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DOES

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jem Fowlkes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Stokes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/13 1936

19. UNDERTAKER Wm A Jackson.

(Address) 1116 E Fairmount

JUN 14 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 1936 to June 10 1936

I last saw him alive on June 10 1936 Death is said to have occurred on the date stated above, at 5 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric occlusion, due to thrombus from heart	6/9/36
Other contributory causes of importance: Chronic myocarditis, of undetermined etiology	1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

Spec—12-23-21—E.B.R.S.—400 Bks.

F 24847 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24847

CERTIFICATE OF DEATH.

23

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1912 Mosher St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No War Record

2-FULL NAME Daniel O'Leary

(a) Residence No. 1912 Mosher St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

7-DATE OF BIRTH (month, day and year) May 11, 1884

8-AGE. 52 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer). Building

(c) Name of employer. H. A. Demuth

10-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS

10-NAME OF FATHER. Daniel O'Leary

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Katie Penning

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Geo H. Cooper

(Address) 513 E. 33rd St.

15- JUN 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 12 36

17- I HEREBY CERTIFY, That I attended deceased from March 1 1936 to June 12 1936

that I last saw him alive on June 8 1936

and that death occurred, on the date stated above, at 8.30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis + Bronchial Asthma

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dis.

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Marion Lee Sloan M. D.

6-12-36 (Address) 806 N. Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Balto

DATE OF BURIAL. 6/15/ 1936

20-UNDERTAKER. Wm Cook

ADDRESS 1217 St Paul St

F 24848

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24848

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Montebello Terrace St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Alice Elliott

(a) Residence: No. 2807 Montebello Terrace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed or Divorced~~ (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3rd 1849

7. AGE: Years 87; Months 1; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): May 1936

11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Robert Elliott

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Martha Gardner

16. BIRTHPLACE (city or town) (State or country): Annapolis Md

17. INFORMANT: Clara Rice

(Address) 2807 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: June 16th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 E. Paul St

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10th 1936 to June 13 1936

I last saw h alive on June 13 1936 Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Data of onset

Cardiac Sclerosis

Other contributory causes of importance:

Fracture of Left Femur

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ~~homicide~~? Date of injury 19

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in her home.

Nature of injury Broken femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 4716 Roland Ave

F 24849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2003 Pennsylvania Ave St. 20-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Henry Agnodt

(a) Residence: No. 2003 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26 - 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	10 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 20-5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Claude Agnodt
(Address) 1726 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Hanover Pa Date June 15. 1936

19. UNDERTAKER Le Roy L. Hedges
(Address) 207 Hartford Rd.

FILED JUN 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29 1936 to June 12 1936

I last saw him alive on June 12 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
myocardial & nephritis	Years
Disturbance of	
Other contributory causes of importance:	
acute Bronchitis with	10 days
no Uremia	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Ny. Sy. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T. Owens M. D.
(Address) 804 Cathedral St.

F 24850

F 24850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Talbot Road St., 28-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Agnes M. Shipley.

(a) Residence: No. 2606 Talbot Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John R. Shipley.

6. DATE OF BIRTH (month, day, year) July 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Eugene L. Shipley
(Address) 5701 Newholme Ave.

18. BURIAL, CREMATION, OR REMOVAL JUN 15 1936
Place Loudon Park Date 19

19. UNDERTAKER Geo W Cole
(Address) 2700 Edmondson Ave.

20. FILED JUN 14 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936 to June 12, 1936

I last saw her alive on June 12, 1936 Death is said to have occurred on the date stated above, at 11P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis	early life
Mitral insufficency	

Other contributory causes of importance:

Cardiac decompensation	6/7/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homiride? Date of injury 19

Where did injury occur?
(Specify rity or town, county, and State)

Specify whether injury orrurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. T. Lyon M. D.

(Address) 3321 Fleet Ave

M. D. F 24851

F 24851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lloyd Brown

(a) Residence: No. 221 Carrollton Ave. North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3 Mo.	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ruth Judge

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ruth Brown

(Address) 221 N. Carrollton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 14, 1936

19. UNDERTAKER Mc Kate R Williams

(Address) 322 N Schroeder St.

20. FILED June 14 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptoccis Meningitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2757 W. Lanvale

M. D. B. 1268-9

F 24852

24852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 E. Preston St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. 12 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Angela Maloney

(a) Residence: No. 1003 E. Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Single

6. DATE OF BIRTH (month, day, year) May 31, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26		12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Technician do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital do

10. Date deceased last worked at this occupation (month and year) Sept 22, 1935 11. Total time (years) spent in this occupation one yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Joseph Maloney

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Josephine Stapleton

16. BIRTHPLACE (city or town) (State or country) Ireland Ireland

17. INFORMANT Josephine Maloney

(Address) 1003 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olivet Cemetery Date June 16, 1936

19. UNDERTAKER Elmer W. Confehn

(Address) 924 E. Lafayette

FILED JUN 14 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ June 23, 1935 to June 12, 1936

that I last saw her alive on June 12, 1936 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio vascular Disease	Sept 22 1935

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Karl Grossman M. D.

(Address) 1212 N. Calvert St

F.D. 24853 ✓ F 24853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-5 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Cabell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1526 E. Madison St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 22, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	5	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward Cabell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rosetta Atkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edward Cabell

(Address) 1526 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 6/14/36

19. UNDERTAKER Robert Williams

(Address) 1515 Mc Culloh St

20. FILED 19 [illegible]

N 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First & Second degree burns of body	

Other contributory causes of importance: Toxemia — Acute Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 11, 1936

Where did injury occur? 1526 E. Madison St. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home House not afire.

Manner of injury Clothes Caught on fire

Nature of injury Burns from Flame.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schleyer M. D.

Coroner

(Address) 1914 E. Northaven

M. D. B 1268-9

F 24854

F 24854 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 20-E Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lola Norton Cunningham

(a) Residence: No. 2717 W. Baltimore St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Cunningham

6. DATE OF BIRTH (month, day, year) March 31, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hinton (State or country) West Virginia

FATHER

13. NAME Benjamin F. Rhodes

14. BIRTHPLACE (city or town) New Orleans (State or country) La.

MOTHER

15. MAIDEN NAME Catherine Jane Henderson

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mr. Edward Cunningham
(Address) 2717 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date June 15, 1936

19. UNDERTAKER Fox-B Cook
(Address) 1003 W. Baltimore St.

Filed JUN 14 1936 19 ..... (Signature) .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub arachnoid Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 12, 1936

Where did injury occur? Cor Pratt & 23rd St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision between 2 Automobiles

Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hubert Barkley M.D. Coroner

(Address) 5142 Park Heights Ave.

F 24855

F 24855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. 14-4

CITY OF BALTIMORE: (No. 1545 Ramsay St. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Rebecca Warfield

If U. S. Veteran specify WAR

(a) Residence: No. 1545 Ramsay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Columbus Warfield

6. DATE OF BIRTH (month, day, year) May 22, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Maggie Giles

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. George W. Smith, Jr.
(Address) 1545 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date June 15 1936

19. UNDERTAKER Jos. B. Cook
(Address) 1005 W. Baltimore St.

20. FILED JUN 15 1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936 to June 12 1936

I last saw her alive on June 10 1936 Death is said to have occurred on the date stated above, at 11.50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & Acute Cardiac Failure	June 7, 1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry Cohman M. D.

(Address) 1921 W. North Ave.

F 24856

F 24856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital 319 S. Bouldin St. 76-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Otto Kuhne Otto Frederick Kuhne

If U. S. Veteran specify WAR .....

(a) Residence: No. 319 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Minna Freda Kuhne

6. DATE OF BIRTH (month, day, year) March 11, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year) June 5, 1936

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick F. Kuhne

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Maria Baatzsche

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minna F. Kuhne
(Address) 319 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date June 16 1936

19. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19..... [illegible]

JUN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-9-36, 19..., to 6-13-36, 19...

I last saw h[illegible] alive on June 13, 1936 Death is said to have occurred on the date stated above, at 5 53 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Echinococcus Cyst of Liver	

Other contributory causes of importance:

Jaundice
Portal obstruction

Was an operation performed? Yes Date of 6/11/36

For what disease or injury? Cyst

Name of operation Laparotomy Date of 6/11/36

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas. D. Matzke M. D.

(Address) St. Agnes Hospital

F 24857

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24857

46-F

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2062 Woodberry Ave. 13-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 46 yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
2. FULL NAME Samuel F. Billingsley
If U. S Veteran ... specify WAR
(a) Residence: No. 2062 Woodberry Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. Single, Married, Widowed, or Divorced (Write the word): Widower
6. DATE OF BIRTH (month, day, year): Aug. 26-1842
7. AGE: Years 93 | Months 9 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 15 years
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Co. Md.

FATHER
13. NAME: Samuel Billingsley
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Elizabeth Faile
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: George F. Billingsley
(Address) 2062 Woodberry Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: June 15. 1936

19. UNDERTAKER: Horace F. Burger
(Address) 3621 Gratis Road

20. FILED 19... Registrar

JUN 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12. 1936
22. I HEREBY CERTIFY, That I attended deceased from June ... 1936 to 6-12- 1936
last saw him alive on 6-12-36 19... Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and arteriosclerosis	
Senescence	

Other contributory causes of importance:
Prostatic Carcinoma

Was an operation performed? no Date of ...
For what disease or injury? ... Date of ...
Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter Parran M. D.
(Address) Emergency

24858

F 24858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 228 S. Monastery St. (Ward) 20-7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James V. Monaghan
(a) Residence: No. 228 S. Monastery ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color and Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Dolores J. Monaghan

6. DATE OF BIRTH (month, day, year): Oct. 13, 1882

7. AGE: Years 53 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bldg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Arthur Monaghan
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Rosetta M. Kenna
16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Mrs Dolores Monaghan 228 S Monastery ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: 6/16 1936

19. UNDERTAKER (Address): Margaret E Flynn 2107 Hilton st.

FILED 19 Registrar.

JUN 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10 1936 to June 13 1936
last saw him alive on June 9 1936 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 13
Other contributory causes of importance: Myocarditis	Jan

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Thomas S. Bonner M. D.
(Address) 3632 Frederick Ave.

F 24859 ✓F 24859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E. 31st. St. St. 12-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE SLADE.

If U. S. Veteran specify WAR

(a) Residence: No. 411 E. 31st. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
97 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER FATHER

13. NAME William Slade

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Hunter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Helen Furst

(Address) 6 Edmondson Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 15th, 1936

19. UNDERTAKER Chas. H. Grave & Son

(Address) 118 W. Mt. Royal Ave

20. FILED JUN 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to June 12, 1936

I last saw her alive on June 12, 1936 Death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Other contributory causes (Important): Prog. R.C. Kidney Disease	4/1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Edson M. D.

(Address) 720 Cathedral

F 24860 ✓ F 24860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital, St. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Violet Bowling

If U. S. Veteran specify WAR

(a) Residence: No. 5525 Guilford Oak Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Augustine M. Bowling

6. DATE OF BIRTH (month, day, year) June 27, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74? 75?		11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.N. 0039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia New Orleans, La.

FATHER

13. NAME Jno. J. Sayre

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mrs. Sayre

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Randolph Bowling

(Address) 5525 Guilford Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date June 15 1936

19. UNDERTAKER C. Vernon Sandmyer

(Address) 4611 Park Heights Ave.

20. FILED JUN 15 1936 Clifton Billingslea

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1936 to 6-13 1936

I last saw her alive on 6-13 1936 Death is said to have occurred on the date stated above, at 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture - Neck of Femur - R.	

Other contributory causes of importance:

Cardiac Failure Dilatation
Chr. Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-25 1936

Where did injury occur? Home Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs.

Nature of injury Fracture - Neck of Femur - R.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M.D.

(Address) Mercy Hosp.

F 24861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24861

× 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Mem. Hosp. St., Ward).

Length of residence in city or town (where death occurred) ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Clarke Brown

(a) Residence: No. ..... Jessups Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-17-1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	8	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo E Brown

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Elz V Clarke

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo E Brown
(Address) Jessups Md

18. BURIAL, CREMATION, OR REMOVAL Kruse Funeral Annapolis Jct Md Date 6-16 1936

19. UNDERTAKER De Witt Donaldson
(Address) Laurel Md

[illegible] for Williams

JUN 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1936 to 6-13 1936

I last saw him alive on 6-13 1936 Death is said to have occurred on the date stated above, at 12 mid

The principal cause of death and related causes of importance were as follows:

1 Rheumatic Heart disease — Date of onset —
2 Mitric Stenosis & Insufficiency — Dec 1935
3 Pericarditis & effusion — Dec 1935

Other contributory causes of importance: pleural effusion — Dec 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John McC Carmichael M. D.
(Address) Univ. Hosp.

M. D. 24862

on Gurley 5112 Park Heights Ave

F 24862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lasty Hosp, St. 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Naomi Gurley

If U. S. Veteran specify WAR

(a) Residence: No. Kenter Ave (Balto Co) St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 6 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Benson B Gurley

14. BIRTHPLACE (city or town) (State or country) Radford Va

MOTHER

15. MAIDEN NAME Mae Phillips

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Benson Gurley

(Address) Kenter Ave Balto Co

18. BURIAL, CREMATION, OR REMOVAL

Place Pinelawn Date 6/16/36

19. UNDERTAKER Jno Coad

(Address) 1317 St Paul St.

JUN 14 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13/36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Fire Death	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/13, 1936

Where did injury occur? Eastern Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile

Nature of injury While playing

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Wilbur Gladden Smith M. D.

Coroner

(Address) 1111 Calvert Bldg

24863

F 24863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 W Lexington St.) (or) (Ward 20-7)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grosvenor F Jasboe

(a) Residence: No. 2305 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sept 2 1874

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 61 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John T Jasboe

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Jane Stone

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Mae Smith
(Address) 2305 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL: Pikesville Cem
Place ..... Date 6/15 1936

19. UNDERTAKER: Geo A Farley
(Address) Fulton & Fayette

20. FILED ..... 19..... [illegible]

6 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1- 1936 to June 11 1936

I last saw him alive on June 11, 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	P.
Metastasis	

Other contributory causes of importance:

No

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of No

What test confirmed diagnosis? X ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas A Acton M. D.

(Address) 2145 N Balto St

24864 F 24864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14452 ✓98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1885 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Springs

(a) Residence: No. 719 N. Bruce St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 8-15-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. poor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Gambrill

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 6/17 1936

19. UNDERTAKER Wm. A. Jackson
(Address) 416 Park Ave

6 15 1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1936 to 6-14-1936

I last saw her alive on 6-14-1936 Death is said to have occurred on the date stated above, at 7:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Rt. Leg	6-5-36
Other contributory causes of importance: Terminal Bronchopneumonia	6-12-36

Was an operation performed? Yes Date of 6-9-36

For what disease or injury? Arteriosclerotic Gangrene Rt Leg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 24865

F 24865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1947 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 10-1 Ward)

Length of residence in city or town where death occurred 18 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carmelo Bellomo

(a) Residence: No. 1111 Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Jan 11 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fabrics & Pipefitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Carmelo Bellomo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmella Accurso

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Mary Bellomo

(Address) 1111 Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 15 1936

19. UNDERTAKER Wendell Draper

(Address) 1103 Hollins St.

FILED JUN 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 7, 1936

Where did injury occur? Sunshine Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry - working in cement tank

Manner of injury Plank fell striking on top of head

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Fell from scaffold

(Signed) A. Y. Craig M. D.
Coroner

(Address) 1010 S. Eutaw St

JUN 15 1936

Spec.—1-12-2)—M&T—500 Blks.

F 24866

24866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1737 Ellsworth ST. 8-7 WARD)

2-FULL NAME Richard Smith

(a) RESIDENCE NO. 1737 Ellsworth ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15th 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1886	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Bethlehem Steel

9 BIRTHPLACE (city or town) (State or country) Dont Know

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Anna Gelder

(Address) 1737 Ellsworth

15 Filed JUN 15 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12- 1936

17 I HEREBY CERTIFY, That I attended deceased from April 6 1936 to June 12 1936

that I last saw h[illegible] alive on June 11 1936

and that death occurred, on the date stated above, at 5.10p m.

The CAUSE OF DEATH* was as follows:

Hypertension

Dont Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Interstitial

Dont Know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no medical

What test confirmed diagnosis?

(Signed) J. D. Walters, M. D.

19 (Address) 1606 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Bay Va.

DATE OF BURIAL June 15 1936

20 UNDERTAKER Mrs Robert Elliott Houghton

ADDRESS 429 Caroline St

F 24867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24867

CERTIFICATE OF DEATH 14253

347-95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 18-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F Hammond

(a) Residence: No. 932 W. Mulberry St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 6-22-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sells Fish

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hammond

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisia Dorsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 16, 36

19. UNDERTAKER Mrs Katie R Wollins
(Address) 322 N Schroeder St.

JUN 13 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1936 to 6/10, 1936

I last saw him alive on 6/10, 1936 Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1wk.
Hypertensive heart disease	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 24868

F 24868 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N. Lakewood Ave. St. 6-2 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLOTTE BLUM

(a) Residence: No. 437 N. Lakewood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Blum

6. DATE OF BIRTH (month, day, year) Nov. 30.1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernest Hottenbacher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Fuchs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Sophia Hottenbacher (Sister)
(Address) 2507 Ailsa Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date June 16.1936

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry F. Sander
(Address) Baltimore & Bronxway.

JUN 15 1936 19..... Charlotte Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 19.36

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to June 13, 1936

I last saw h.. alive on June 13, 1936 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma (Duodenum ?
(Stomach ? upper intestine ?
Diabetes. → 1930.

Other contributory causes of importance: Pulmonary Hemorrhage

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) C. V. Mayer Jr. M. D.

(Address) 1520 E. 33rd St.

M. D. B. 1268-9

F 24869

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24869

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3424 Mondawmin Ave. St., 15-8 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LOUIS FORNOFF

(a) Residence: No. 3424 Mondawmin Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $50

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 45yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Adam Fornoff

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret E. Koehler

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Miss Margaret Fornoff (Sister)
(Address) 3424 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Cemetery Date June 15. 1936
Place.

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander
(Address) Baltimore & Broadway.

20. FILED ..... 19 ..... By .....

JUN 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to June 12, 1936

I last saw him alive on June 11, 1936 Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Eugene L. Cassard M. D.

(Address) 514 Emory Lane

M. D. B. 1208-9

F 24870 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24870

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Shakespeare St. 9-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EARLEY J. RUSH

(a) Residence: No. 1619 Shakespeare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte Rush

6. DATE OF BIRTH (month, day, year) July 24.1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William F. Rush

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Barbara Schneider

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Charlotte Rush (Wife)

(Address) 1619 Shakespeare St.

18. BURIAL, CREMATION, OR REMOVAL Saint Matthew's Cemetery June 17.1936

Place Date 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander

(Address) Baltimore & Broadway.

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 14.1936

22. I HEREBY CERTIFY, That I attended deceased from 2 years 19 to June 14.36 19

I last saw him alive on June 11 19 36 Death is said to have occurred on the date stated above, at 5.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St

M. D. B. 1268-9

F 24871

F 24871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4220 Hillen Ave, St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Bible

(a) Residence: No. 4220 Hillen Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Barbara Bible

6. DATE OF BIRTH (month, day, year) Oct 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	8	27	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grave digger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Stoller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Barbara Bible (Address) 4220 Hillen Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. June 16-36

19. UNDERTAKER August Paeck Inc (Address) 2534 Ashland Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1935 to June 12 1936

I last saw him alive on June 7 1936 Death is said to have occurred on the date stated above, at 6:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
Cancer of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Corus M. D.

(Address) 3416 E. Baltimore Ave

24872 F 24872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St. H-10 (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Herbert C. Frink

(a) Residence: No. 252 S. Clinton St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 16/36

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Carroll B. Frink

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Florence Hardford

16. BIRTHPLACE (city or town) (State or country) New. Hampsher

17. INFORMANT Father
(Address) 252 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date June 15 19 36

19. UNDERTAKER Tilly & Zollenberg
(Address) 403 E. Lake St.

20. FILED ..... 19 ..... Registrar. Huntington Williams, MD

N 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia of Unknown origin	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreyer M. D.
Coroner

(Address) 1918 E. North Ave

F 24873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24873

CERTIFICATE OF DEATH

45-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Wolfe St St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Gruenner

(a) Residence: No. 105, S Wolfe st St., 2 Ward.
(Usual place of abode) 60 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ma;e	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Bruenner

6. DATE OF BIRTH (month, day, year) Oct 19 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	24 ?3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own bussiness

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Gruenner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Gruenner (Wife)
(Address) 105 S Wolfe st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy redeemer Date June 16 1936

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 N. Wolfe st.

JUN 15 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1936 to June 10 1936

I last saw him alive on June 10 1936. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cramin of Tongue	
Other contributory causes of importance: —	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. H. Hamaker M. D.

(Address) 733 Argyle St.

F 24874

F 24874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Homestead st St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Schone

(a) Residence: No. 1703 Homestead st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Schone

6. DATE OF BIRTH (month, day, year) June 6 th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Joynes

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Isabelle Everest

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Anna M Schone
(Address) 1703 Homestead st

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date June 15 1936

19. UNDERTAKER Jake Albrecht
(Address) 2128 Eastern Ave

20. [illegible] 19 [illegible]
(Registrar)

151936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to June 12 1936

I last saw h alive on June 12 1936 Death is said to have occurred on the date stated above, at 5 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia (Lobar)	2
2.	
3.	
4.	
Other contributory causes of importance: Bronchial Pneumonia & Influenza	3 days

Was an operation performed? Yes Date of June 14 35

For what disease or injury? Pneumonia 14 days

Name of operation Intubation Date of June 14 35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry D Andrews M. D.

(Address) 1620 E North Ave

24875

F 24875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 43-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Newington Ave St., 43-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lee

(a) Residence No. 801 Newington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) Aug. 24-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61 62	9	20		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur Buyer 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Myna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Southern ave Date 6/15 1936

19. UNDERTAKER Jack Levin Inc
(Address) 1459 E Balto St

Huntington Williams

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to June 14 1936

I last saw Him alive on May June 14 1936 Death is said to have occurred on the date stated above, at 7-04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Coronary Thrombosis	3½ hours

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman M. D.

(Address) 2340 Eutaw Place

M. H. 15 (Rev.) 24876 F 24876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 Stockton St. 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert O. Wagner ☐ U. S. Veteran (Specify WAR .....)

(a) Residence: No. 1355 Stockton Res St., ... Ward. Reno Nevada
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Northumberland Co, Va

MOTHER FATHER

13. NAME Sylvester Wagner

14. BIRTHPLACE (city or town) (State or country) Northumberland Co, Va.

MOTHER

15. MAIDEN NAME Carrucha Seberle

16. BIRTHPLACE (city or town) (State or country) Northumberland Co, Va.

17. INFORMANT Rose Ryan Sister
(Address) 1355 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6 15 36

19. UNDERTAKER Lloyd Jackson
(Address) 28 Freeman

20. FILED JUN 15 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/4

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Nagle M. D.
Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-28—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

24877

CERTIFICATE OF DEATH

163 ✓

F 24877

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. 212 Ridgewood Road 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Poole

(a) RESIDENCE NO. 212 Ridgewood Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31, 1896

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	39	7	13 14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER George Poole

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Norris

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mary S. Harris
(Address) South Post Towson

15 Filed ....., 19 .....
JUN 15 1936 Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by cutting throat while temporarily mentally deranged

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward Anderson, M. D.

, 19 (Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June 15 1936

20 UNDERTAKER Chas. O. Whitlock Funeral Directors

ADDRESS Towson Plaza

M. D. B. 1268-8

24878

F 24878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-e

1. PLACE OF DEATH Church Home and Infirmary. Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. John R. Jackson

(a) Residence: No. 1811 Linden Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Howard Jackson

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Ida Rose

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mary W. Jackson
(Address) 529 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 16 1936

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1600 Eutaw Place

JUN 15 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13- 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936 19... to June 13, 1936 19...

I last saw him alive on June 13, 1936 19... Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of large intestine	?
Other contributory causes of importance:	
Intestinal obstruction,	6/9/36

Name of operation Eleocolostomy Date of 6/8/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Carlton M. Adams, M. D.

(Address) Church Home & Hy.

F. D. No. 24379 F 24879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Winters. If U. S. Veteran specify WAR.....

(a) Residence: No. 3958 Elm Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abbie C Winters

6. DATE OF BIRTH (month, day, year) April 13, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Winters

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Fannie McIntyre

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Abbie C Winters

(Address) 3958 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 15 1936

19. UNDERTAKER Chenoweth Son

(Address) 2615 Eastern Ave

June 13 1936 19 Huntington Williams, MD Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12. 1936

22. I HEREBY CERTIFY, That I saw [illegible] in charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	6/12/36

Other contributory causes of importance:

Was an operation performed? yes Date of

For what disease or injury?

Name of operation Trephining Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 12 1936

Where did injury occur? Baltimore (3960 Elm Ave.)

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (While painting house)

Manner of injury Fell off ladder

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Painter

(Signed) [illegible] M. D. Coroner

(Address)

24880 24880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 13-1a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Collins If U. S. Veteran specify WAR

(a) Residence: No. 848 W. 34th St. St., ... Ward.
(Usual place of abode) Balto. Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Collins

6. DATE OF BIRTH (month, day, year) April ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Walter Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Manning

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles Collins
(Address) 848 W 34th St.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Dec. 16 1936

19. UNDERTAKER Edmondson & Son
(Address) 36 S E 17 Eastern Ave.

15 1936 1936 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1936 to 6-13 1936

I last saw h. alive on 6-13-36 19 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis arteriosclerosis	

Other contributory causes of importance:

Senility	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 24881

M. D. B. 1268-9

✓ F 24881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec Hospital St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Trautwein

(a) Residence: No. 402 S. Newkirk St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) July 5 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fertilizer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Plant

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Trautwein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julianna Weber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie Trautwein

(Address) 402 S. Newkirk

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date June 16th 1936

19. UNDERTAKER Leo G. Lesh

(Address) 1703 N. Patterson Park Ave

N 15 1936

....., 19..... Huntington Williams, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1936

22. I HEREBY CERTIFY, that I took charge of the remains of the above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wright, M. D.

Coroner

(Address) 1005 Eutaw St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24882 — 24882 — 19 — 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 Roland Ave. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie H. Benson

(a) Residence: No. 4122 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas Benson

6. DATE OF BIRTH (month, day, year) March 12 - 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3.	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweet Air Maryland

FATHER

13. NAME Henry Burk

14. BIRTHPLACE (city or town) (State or country) York Co Pa.

MOTHER

15. MAIDEN NAME Louise Loman

16. BIRTHPLACE (city or town) (State or country) Sweet Air Maryland

17. INFORMANT Louis Benson

(Address) 4122 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 16. 1936

19. UNDERTAKER Josiah Syfer

(Address) 1660 N. North Ave.

NOV 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14 1934 to June 13 1936

I last saw her alive on June 12th. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Hypertension	2
Chronic Nephritis	2

Other contributory causes of importance:

Senile Psychosis.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene J. Leopold M. D.

(Address) 200 W. Lafayette Ave.

M. D. 24883

24883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 21044

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. ... St. 12-2 ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Judson Bark

If U. S. Veteran specify WAR ...

(a) Residence: No. Jacksonville Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) ... 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	35	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman C C Camp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 1936

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bucks Co. Md

FATHER

13. NAME Walter Bark

14. BIRTHPLACE (city or town) (State or country) Bucks Co Md

MOTHER

15. MAIDEN NAME Gertrude Carter

16. BIRTHPLACE (city or town) (State or country) Bucks Co Md

17. INFORMANT Hay & Grove

(Address) Berwyn Md

18. BURIAL, CREMATION, OR REMOVAL

Date June 17 1936

19. UNDERTAKER Hunter & Gross

(Address) Berwyn Md

20. FILED ... 19 ... Huntington Williams, M.D. Registrar.

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/36 19 ...

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above named, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Punctured Lung — Date of onset ...

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/14/36

Where did injury occur? Jacksonville Road

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Highway

How was injury received? Collision Veteran two

Nature of injury Automobiles

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Hubert Bradley M. D. Coroner

(Address) 907 N. Howard

M. D. B. 12-1-1

F 24884

✓ F 24884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp 210-M Registered No.

CITY OF BALTIMORE: (No. 12-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Husband Arnold Truex (U.S. Veteran Dead or Alive? specify war)

(a) Residence: No. Monkton Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22 1919

7. AGE: Years 17 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as ploughman, sawyer, bookkeeper: Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roger Truex

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Cochran

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edgar Truex (Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL Place Friends Meeting House Cem. 6/17 1936

19. UNDERTAKER Edgar Truex (Address) Towson Md

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above and that I have viewed the body and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prob. Fract. Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/14 1936

Where did injury occur? Jarrettsville Road (Specify city or town, county, and State) Md

Specify whether injury occurred in industry, in home, or in public place Highway

Name of operator Unknown

Nature of injury Automobile

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bailey Jr. M. D. Coroner

(Address) 907 N. Charles

F 24885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 3-1 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lola Blue — If U. S. Veteran specify WAR

(a) Residence: No. 238 E. Dallas St., Ward. 6 Color 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marsh Blue

6. DATE OF BIRTH (month, day, year) Feb. 14, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 10/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Chatten

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem. Date 6-15- 1936

19. UNDERTAKER Bryant & Francis K. Wright
(Address) 1238 E. Oldenburg St

20. FILED [illegible] Registrar.

6-15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 11th, 1936

I last saw her alive on June 11, 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Lobar Pneumonia	due to	June 4
Septicaemia	due to Pneumococcus Group IV	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Bl. Cult. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Crossman M. D.

(Address) The Johns Hopkins Hosp

✓ F 24886

24886

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 E. Barney St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Stella B. Riggin

(a) Residence: No. 228 E. Barney St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of William A. Riggin

6. DATE OF BIRTH (month, day, year) Sept 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME John W. Waller

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Caroline A. Fox

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm A. Riggin

(Address) 228 E. Barney St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 16 1936

19. UNDERTAKER A. Knight Evans

(Address) 1400-02 Eutaw St

JUN 15 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 1936 to June 14 1936

I last saw her alive on June 14 1936 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 da.
Other contributory causes of importance: Exhaustion	2 da.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

6/5/36 (Signed) H. C. H. Campbell M. D.

(Address) 1644 Hanover St

F 24887 ✓ F 24887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34a35

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Harding

(a) Residence: No. Knoxville Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Apr. 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6 weeks	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofhd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Gilbert Knight

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Edna Harding

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mother

(Address) Edna Harding

18. BURIAL, CREMATION, OR REMOVAL

Place Temple Grove Md Date June 15 1936

19. UNDERTAKER J. F. Eachus

(Address) Boonsboro, Md.

JUN 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936 to June 12 1936

I last saw him alive on June 12, 1936 Death is said to have occurred on the date stated above, at 1.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Lues	
G. P. Opthalmia	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schofield M. D.

(Address) Annesty Hospital

M. D. B. 1368-A

F 24888

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24888

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1370 N Carey St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Campbell

(a) Residence: No. 1370 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John Campbell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Marie Neal

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Jones 2 St
(Address) 1370 Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 6-15- 1936

19. UNDERTAKER Mrs Geo E Holland
(Address) 501 Lombard St

20. FILED ... 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1936 to 6/12, 1936

I last saw him alive on 6/10, 1936 Death is said to have occurred on the date stated above at 8:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	6/5/36
Chronic Brights Disease	1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J B Hurt Kerr M. D.

(Address) 912 Eutaw St

N 15 1936

24889 HEALTH DEPARTMENT—CITY OF BALTIMORE B 24889

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) 507 Gold St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Griggs — If U. S. Veteran specify WAR

(a) Residence: No. 507 Gold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Griggs Sr

6. DATE OF BIRTH (month, day, year) Oct 22-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) April 26. 36

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) (State or country) West Moreland Co Va

FATHER

13. NAME John Muse

14. BIRTHPLACE (city or town) (State or country) West Moreland Co Va

MOTHER

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

17. INFORMANT William Griggs Sr (Address) 507 Gold St

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Date 6/16/36 19

19. UNDERTAKER Mrs. Geo. N. Howland (Address) 1631 Druid Hill Ave

FILED Huntington Williams JUN 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to June 13, 1936

I last saw her alive on June 12, 1936. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Sept 1935
Other contributory causes of importance: Age - Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H Wright M. D.

(Address) 1269 Pressman St

F 24890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24890

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Pennsylvania St., 17-26 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Oliver

(a) Residence: No. 529 W Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col.	married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Ethyl Oliver

6. DATE OF BIRTH (month, day, year) June 26 1888

7. AGE 47 Years	Months 11	Days 17	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Maryland.

FATHER

13. NAME Josiah Oliver

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louise Washington

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Ethyl Oliver

(Address) 529 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 6-16-1936

19. UNDERTAKER Jno. Geo. H. Lashford

(Address) 1501 Druid Hill Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1936, to 6-13, 1936

I last saw him alive on 6-13, 1936. Death is said to have occurred on the date stated above, at 3:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	6-12-36
Other contributory causes of importance: Lobar Pneumonia	5-22

Was an operation performed? yes Date of 6-11

For what disease or injury?

Name of operation Thoracentesis Date of 6-11

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. H. Lashford M. D.

(Address) Provident Hosp.

OCCUPATION, IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

S61 C1 NOC

24891 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24891

CERTIFICATE OF DEATH

77-a

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Norris

If U. S. Veteran specify WAR

(a) Residence: No. 767 Ramsay St. Ward.

(Usual place of abode) Balt, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2.	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Norris

14. BIRTHPLACE (city or town) (State or country) Lenoxdale Va

MOTHER

15. MAIDEN NAME Bertha Kaufman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. J. Norris

(Address) 767 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 17, 1936

19. UNDERTAKER Thos. J. Emig

(Address) 1600 Hollins St

20. FILED 6-15-1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 15, 1936

I last saw him alive on June 15, 1936. Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic lead poisoning	
Other contributory causes of importance: Rickets	about

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Picture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Karl F. Meck, M. D.

(Address) St. Agnes Hospital

F 24892 ✓ F 24892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Garrison Blvd. St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Jane Cahill

(a) Residence: No. 2804 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winfield S. Cahill

6. DATE OF BIRTH (month, day, year) January 20, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Voyce

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rosana Brotzler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Winfield S. Cahill

(Address) 2804 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date June 16, 1936

19. UNDERTAKER Richard Fleming

(Address) 613 Homestead St. Huntington Station, Md.

20. FILED JUN 15 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/9, 1936, to 6/14, 1936

I last saw her alive on 6/14, 1936 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular Renal disease	?
Coronary Thrombosis	6/9/36
Completed Heart Block	
Other contributory causes of importance: Coronary Thrombosis	7 da.

Was an operation performed? Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucius E. Cline, M. D.

(Address) 928 N. Charles St.

F 24893

✓ F 24893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Norfolk Ave St., 54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John M. Soule

(a) Residence: No. 4008 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida W. Soule

6. DATE OF BIRTH (month, day, year) Sept. 8, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockland Mass

FATHER

13. NAME Chas. W. Soule

14. BIRTHPLACE (city or town) (State or country) Rockland Mass

MOTHER

15. MAIDEN NAME Annie E. Manson

16. BIRTHPLACE (city or town) (State or country) Scituate Mass.

17. INFORMANT Mr. Carlton M. Soule
(Address) 4008 Norfolk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Rockland Mass. Date June 15 1936

19. UNDERTAKER Chas. McKnew Sons
(Address) North & Paves
Huntington Ave

JUN 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/36, 1936, to June 13/36, 19..

I last saw h.m. alive on June 12/36, 19.. Death is said to have occurred on the date stated above, at 7.15a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset	Duration
about 1 yr		
Pernicious Anemia		

Other contributory causes of importance: about 1 yr duration

Pernicious Anemia

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Walter Shubert M. D.

(Address) 2220 Garrison Blvd

24894 F 24894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 14439

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1924 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Lengue

(a) Residence: No. 609 N. Franklin St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert (L)

6. DATE OF BIRTH (month, day, year): 10-14-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Parker Magnus

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Martin

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL
Place: Fork Md Date: June 16 36

19. UNDERTAKER (Address): C E Arthur Fork Md.

15 1936

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1936 to 6-14, 1936

I last saw her alive on 6-14, 1936 Death is said to have occurred on the date stated above, at 8.40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis (original Site Unknown)	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-8-36

For what disease or injury? Carcinomatosis of Abdomen

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 24895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

Registered No. F 24895

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5509 Hilltop Ave St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Appel

If U. S. Veteran specify WAR .....

(a) Residence: No. 5509 N. Hilltop Ave St., ... Ward. Belair Rd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Appel

6. DATE OF BIRTH (month, day, year) May 13, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin F. Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward J. Appel

(Address) 5509 Hilltop Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cem Date 6/16, 1936

19. UNDERTAKER Leonard Bush

(Address) 5305 Harford Rd Baltimore, Md.

19. FILED JUN 15 1936, 19 Huntington T. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1935 to June 13, 1936

I last saw h.. alive on June 13, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset 5/6/36
Hypertension — 1/[illegible]/[illegible]
Coronary artery disease — 5/[illegible]/[illegible]

Other contributory causes of importance:

Obesity — 1
Hemorrhoids.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert J. Hamelsarb M. D.

(Address) 5444 Belair Rd.

N 15 1936

F 24896

24896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.) St. 167 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Batson — U.S. Veteran War - - S.I.C.

(a) Residence: No. 3125 Normount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Burrows Batson

6. DATE OF BIRTH (month, day, year) Dec. 20, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7 5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adjudication Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veterans Administra.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .0086

12. BIRTHPLACE (city or town) Bates Co.
(State or country) Mo

FATHER

13. NAME Irvin Batson

14. BIRTHPLACE (city or town) Warren Co.
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Catherine Elmore

16. BIRTHPLACE (city or town) Union Co.
(State or country) Ill.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date June 16 1936

19. UNDERTAKER Harry Weitzke
(Address) Ellis & Edmondson

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to June 13, 1936

I last saw him alive on June 13, 1936 Death is said to have occurred on the date stated above, at 8:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, adeno, of rectum	1934
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6-29-34

For what disease or injury? Carcinoma of rectum

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto.

24897 ✓ F 24897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Anna Klamp

(a) Residence: No. 1215 Cooksie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W. H Klamp

6. DATE OF BIRTH (month, day, year) May 7 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0127

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anna Erckens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredrick Erckens

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Frederick W. H Klamp (Address) 1215 Cookson St

18. BURIAL, CREMATION, OR REMOVAL Place Baker Hill Date 6 17 36 19

19. UNDERTAKER Chas D Stevens & Son (Address) 1201 E Fort Ave

Registrar.

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14- , 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to 6-14-36, 19

I last saw her alive on 6-14-36, 19. Death is said to have occurred on the date stated above, at 9 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scirrhous Carcinoma Breast	
Cerebral Arteriosclerosis	

Other contributory causes of importance:

Senility	

Was an operation performed? YES Date of May 22-36

For what disease or injury? Carcinoma breast

Name of operation Radical Amputation Date of

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Mazzuella, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 24898

F 24898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 83

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt Hope Retreat St., 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? 72 yrs. 0 mos. 0 ds.

2. FULL NAME Daniel Chas. Donovan

(a) Residence: No. Cumberland, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mrs D C Donovan
6. DATE OF BIRTH (month, day, year) June - 1864
7. AGE Years 72 Months - Days - If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Employee
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (State or country) Cumberland Md

FATHER
13. NAME John Donovan
14. BIRTHPLACE (State or country) Vermont

MOTHER
15. MAIDEN NAME Mary Blake
16. BIRTHPLACE (State or country) Dublin Ireland

17. INFORMANT Mt Hope Retreat
(Address) Cel -

18. BURIAL, CREMATION, OR REMOVAL Date Jun 16 19 36
Place Newark Ohio

19. UNDERTAKER Stewart Mowery Co.
(Address) 108 W Main St.

20. FILED JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to June 14, 1936.
I last saw him alive on June 14, 1936. Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

Dementia Paralytica
(General Paresis)
(Antecedent causes)

Date of onset ?

Other contributory causes of importance:
Terminal Pneumonia
arteriosclerosis
Hypertrophied Prostat

Date of onset 2 yrs.

Name of operation No

What test confirmed diagnosis? Autopsy Date of No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. Allison Gladden M.D.
(Address) 33 26 Third Ave

If DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, THE OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 24899 F 24899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2070 Linden Ave St., 13-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gerhard P. Zeul If U. S. Veteran specify WAR No Record

(a) Residence: No. 2070 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary E. Zeul

6. DATE OF BIRTH (month, day, year) Oct 23rd 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	22	/

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor Dairy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trunk Business

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Conrad Zeul

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Z.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Zeul
(Address) 2070 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 18th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED [illegible] Registrar

JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to June 15, 1936

I last saw him alive on June 15, 1936. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis } Myocarditis }	5 yrs
Other contributory causes of importance: Oedema of lungs	1 day

Was an operation performed? no Date of /

For what disease or injury? /

Name of operation / Date of /

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify. /

(Signed) I. Frederick Lutz, M. D.

(Address) Temple Gardens

F 24900 F 24900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 N. Gay St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Florence May Hakesley

(a) Residence: No. 1212 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles B. Hakesley

6. DATE OF BIRTH (month, day, year) May 20th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Richard M. Stevens

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Mary Stebing

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Florence M. Ayers

(Address) 1601 Hakesley Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 16th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

[illegible] Washington Williams M.D. Registrar.

N 161936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15 1936 to June 13 1936

I last saw h[illegible] alive on June 12 1936. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	June 1936
Other contributory causes of importance: Umbilical Hernia	1925

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No.

Nature of Injury No.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abigail Littman M. D.

(Address) 63-8 Ellerson

Spec—12-23-35—E.B.R.S.—400 Blks.

F 24901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24901

CERTIFICATE OF DEATH.

x 82-a

1-PLACE OF DEATH Edgewood Sanatarium

City of BALTIMORE: (No. 6000 Belona Avenue. St., 47-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emelia A. Bauer

(a) Residence No... Kinderhook, N.Y. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ---- Drum

6-DATE OF BIRTH (month, day and year) May 13th 1866

7-AGE. 70 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housekeeper

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Kinderhook, N.Y.
(State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..Unknown.....
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..Unknown.....
(State or Country),

14-
(Informant)...Mr. B. Frank Newcomer.....
(Address)..100 Witherspoon Road.....

15-
Filed JUN 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 14 1936

17- I HEREBY CERTIFY, That I attended deceased from January 28 19 36 to June 14 19 36

that I last saw h... alive on June 12 1936

and that death occurred, on the date stated above, at 620P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

?

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. 1 mos. ? ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Edgar M. Bibbe M. D.

6/15, 1936 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Kinderhook, N. Y. DATE OF BURIAL, June 16 1936

20-UNDERTAKER. Wm. J. McKeever & Sons ADDRESS N & Pa Aves.

F 24902

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24902

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Charles & 34th St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Major Carl F. Starkloff

If U. S. Veteran specify WAR

(a) Residence: No. Cambridge Arms Apts. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen H. Starkloff

6. DATE OF BIRTH (month, day, year) Apr. 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Brush Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Carl F. Starkloff

14. BIRTHPLACE (city or town) (State or country) Langenhahn Germany

MOTHER

15. MAIDEN NAME Theresa Kerth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Helen H. Starkloff
(Address) Cambridge Arms Apts

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date June 16 1936

19. UNDERTAKER Wm. Fletcher Sons
(Address) Lord & Pa Aves.

FILED NOV 16 1936 Lexington Building Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to June 13, 1936

I last saw h. alive on June 13, 1936. Death is said to have occurred on the date stated above, at 11.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 13
Other contributory causes of importance:	
Arteriosclerosis	Several yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Beeman Stood, M. D.

(Address) 2216 Guilford Ave

F 24903

24903 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

6-5 ✓95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1891 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Perry

(a) Residence: No. 1600 Mullican St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) ~~1869~~ 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~60~~ 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo Perry

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizan ?

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6/16/36

19. UNDERTAKER Robert E. Watkins & Co
(Address) 15-18 McCeddon

20. FILED JUN 16 1936 Washington Watkins, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1936 to 6/13, 1936

I last saw him alive on 6/13, 1936 Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive, Cardio-Vascular disease	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Baldwin Hosp.

F 24904

24904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Greenmount Ave St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Barbara L. Zick

(a) Residence: No. 1030 Greenmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Zick

6. DATE OF BIRTH (month, day, year) Feb. 6, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Frederick Trump

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mr. Zick
(Address) 1030 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 17, 1936

19. UNDERTAKER Rita Wiedefeld
(Address) 916 Greenmount Ave

16 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3- 1936, to June 14- 1936

I last saw her alive on June 13 1936 Death is said to have occurred on the date stated above, at 12-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934
Other contributory causes of importance: Diabetic Coma. Acute Dilatation of Heart	June 13-36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

F 24905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24905

CERTIFICATE OF DEATH

107-a

24-4

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Covington St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Elmer M. McCauley

(a) Residence: No. 1747 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Aug. 24, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur pvt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Telephone Co.

10. Date deceased last worked at this occupation (month and year) May 13 1936

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Daniel W. McCauley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth M. Leidner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Earl W. McCauley (Brother)
(Address) 1747 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date June 17, 1936

19. UNDERTAKER John J. Kleary
(Address) 715 Light St.

20. FILED JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21 1936 to June 14 1936

I last saw him alive on June 13 1936. Death is said to have occurred on the date stated above, at 3.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-pneumonia	May 21
Other contributory causes of importance:	
Cardiac Decompensation	June 11

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Parrano M. D.
(Address) 436 E Fort ave

F 24906 F 24906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Mason

(a) Residence: No. 531 N. Dallas St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-3-96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	39	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Edward Mason

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6-16-36

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED N 16 1936 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-13, 1936 to 6-15, 1936

I last saw him alive on 6-15, 1936 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6-6-36
Empyema	?

Other contributory causes of importance: over

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis Clinical & X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 24907 F 24907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2204 Penna Ave St., 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice L. Elmore
If U. S. Veteran specify WAR .....

(a) Residence: No. 2204 Penna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fm
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos Elmore

6. DATE OF BIRTH (month, day, year): 1896 Jan 28

7. AGE: Years 40 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year): Daily
11. Total time (years) spent in this occupation: Md

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Leo Barnes
14. BIRTHPLACE (city or town) (State or country): Howard Co Md

MOTHER
15. MAIDEN NAME: Rose Magnor
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Susie Lewis
(Address): 2124 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6-19 1936

19. UNDERTAKER: Thomas E. Kelson
(Address) 303 Presstman St

Filed JUN 16 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16 1936

22. I HEREBY CERTIFY That I attended deceased from June 1936 to June 16 1936
I last saw her alive on June 15 1936 Death is said to have occurred on the date stated above, at 4:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	11 months
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? No
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo Lewis M. D.
(Address) 1000 Eutaw Pl

JUN 16 1936

M. D. H. 1200-34

T 24908

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 24908

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Druid Hill Ave St., 11-4 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate L. Bishop

(a) Residence: No. 1107 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Bishop

6. DATE OF BIRTH (month, day, year) Dec. 29, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown Shannahan, Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Emily Harden

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Harry Bishop
(Address) 1107 Druid Hill Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 6/7/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 178 W. Biddle St.

UN 16 1936

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows: Jay Dawson 5th floor about 2 p.m.

	Date of onset
Chronic Myocarditis	about

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann, M. D.
Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 24989

F 24909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (O-1 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Burrell

(a) Residence: No. 1220 W. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 1897
7. AGE — Years: 39 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va

FATHER
13. NAME: Henry Burrell
14. BIRTHPLACE (city or town) (State or country): Portsmouth Va

MOTHER
15. MAIDEN NAME: Rebecca Holland
16. BIRTHPLACE (city or town) (State or country): Portsmouth Va

17. INFORMANT: Louis B. Alston
(Address) 1618 Queen St. Portsmouth Va

18. BURIAL, CREMATION, OR REMOVAL
Place: Portsmouth Va Date: 6/16/36

19. UNDERTAKER: Robert L. Young
(Address) 804 N. Caroline St

Registrar

JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Intestines	

Other contributory causes of importance:
Peritonitis

Was an operation performed? Yes Date of 6/7/36
For what disease or injury? Bullet Wound of Intestines
Name of operation Laparotomy Date of 6/7/36
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 6/7 1936
Where did injury occur? 1220 W. Central Ave. Balto.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Pistol Shot.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenby, M. D. Coroner
(Address) 1919 E. North Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

F 24910

24910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

GH-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 S. Fremont St. 175 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Abraham Krupsaw.

(a) Residence: No. 207 S Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Gilbert

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minne

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Krupsaw
(Address) 207 S Fremont a.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Date 6-16 1936

19. UNDERTAKER J. St. Lewis Jr.
(Address) 1934 E Baltimore St

20. FILED JUN 16 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936 to June 15 1936

I last saw him alive on June 14 1936 Death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	June 15

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Benjamin Pushkin M. D.

(Address) Medical Arts Bldg.

M. D. B 1265-B

F 24911 F 24911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700-Abbottston Street St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Virginia Norris If U. S. Veteran specify WAR no

(a) Residence: No. 1700-Abbottston Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Y. Norris

6. DATE OF BIRTH (month, day, year) 2/5/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	9	~~xxxx~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Weitzel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Graham

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Richard Y. Norris

(Address) 1700-Abbottston Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 6/17/36 19

19. UNDERTAKER George J. Luth, Inc.

(Address) 1735-Harford Ave.

FILED 6 16 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Paul J. Schweitzer, M. D.
Coroner

(Address) 1929 E. Northern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24912

F 24912 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2422 n Pine St. 4-2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 2422 n Pine St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Johnson

6. DATE OF BIRTH (month, day, year) Sept 20-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Henry Johnson

(Address) 2422 n Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place M Graham Date June 19. 1936

19. UNDERTAKER Howard N. Chase & Son

(Address) 638 N. Eutaw St

Huntington Williams, M.D. Registrar.

20. FILED 1936

N 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 13 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins M. D.
Coroner

(Address) 50 Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 24913

F 24913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5101 Eugene Ave St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George J. Bauman.

(a) Residence: No. 5101 Eugene Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Bauman.

6. DATE OF BIRTH (month, day, year) Feb. 28 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	15th	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boarding Hse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Bauman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT G. Leonard Bauman.
(Address) 5101 Eugene Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 6-16 1936

19. UNDERTAKER Mrs Chas A. G. Rohde.
(Address) 3327 Edmondson Ave

Huntington Williams, M.D.
19 Registrar.

JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18 1936 to June 12 1936

I last saw h alive on 6/12 1936 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis — Date of onset 8 yrs

Other contributory causes of importance: Senility Coma — over

Was an operation performed? No Date of X

For what disease or injury? X

Name of operation X Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury X 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify

(Signed) Nelson Davis M. D.

(Address) 1340 Richards

F 24914

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24914

53-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125½ McCulloh St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Montgomery

(a) Residence: No. 2125½ McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/28/08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. club

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Columbus Montgomery

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Pauline Dorsey

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Pauline Montgomery

(Address) 215 W. 145th N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 6-16- 1936

19. UNDERTAKER Jas. H. Holland

(Address) 1656 Pennsylvania Ave

20. FILED JUN 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to June 12 1936

I last saw h.. alive on June 12 1936 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angio-sarcoma	1932
	mar

Other contributory causes of importance:

Was an operation performed? yes Date of 1933-35-36

For what disease or injury? angio-sarcoma

Name of operation removal of growths

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Raymond Thomas M. D.

(Address) 1500 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

F 24915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24915

CERTIFICATE OF DEATH

93-C

Registered No. 16-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Clinton St., St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Suess

(a) Residence: No. 134 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Suess

6. DATE OF BIRTH (month, day, year) March 31 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Bayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Suess (daughter)
(Address) 134 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date June 17 1936

19. UNDERTAKER Tilly & Tarleton
(Address) 409 S. Fulton Ave.

20. FILED 19 Huntington Williams, M.D. Registrar.

JUN 16 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1936 to June 14 1936

I last saw her alive on June 14 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Horace B. Tilton M. D.
(Address) 315 S. Highland Ave

F 24916

F 24916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 917 Ryan Street St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR.....

2. FULL NAME William W. Jefferson

(a) Residence: No. # 917 Ryan Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose M. Schwartz Jefferson

6. DATE OF BIRTH (month, day, year) June 24, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	11	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 00 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME William W. Jefferson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Victoria V. Pitts

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Rose M. Jefferson
(Address) # 917 Ryan Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date 6 / 17 / 1936

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

JUN 16 1936 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 14 / 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11 1936 to June 13 1936 saw him alive on June 13 1936 Death is said to have occurred on the date stated above, at 6 00 A m.

The principal cause of death and related causes of importance were as follows:

Right Lobar Pneumonia — Date of onset 6-7-36

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Nathan Rosenau M. D.

(Address) 206 S. Gilmor St.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24917

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 46 S. Schroeder St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Wiechman

(a) Residence: No. # 46 S. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Charles Wiechman

6. DATE OF BIRTH (month, day, year) Febry 11, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME John Blair

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Nagengast

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Charles Wiechman

(Address) 2621 Yolanda Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 6 / 17 / 1936

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hillins Street

19. Huntington Williams, M.D. Registrar.

JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 14 / 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to June 14 1936

I last saw her alive on June 14 1936 Death is said to have occurred on the date stated above, at 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	1 Yr.

Other contributory causes of importance:

Non.	

Name of operation none Date of —

What test confirmed diagnosis Clin. Obs. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos Norton, M. D.

(Address) 898 N. Lemmond St.

OCCUPATION is very important. See instructions on back of certificate.

F 24918 ✓ F 24918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Josephs Hospital St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Teresa Abbott

(a) Residence: No. 520 E Clement St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm S Abbott

6. DATE OF BIRTH (month, day, year) Dec 13 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles F Moran

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Pearl V Myers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles F Moran (Father)
(Address) 520 E Clement st

18. BURIAL, CREMATION, OR REMOVAL
Place Repose Balto. Cem. Date 6/17 1936

19. UNDERTAKER Margaret E Fly my
(Address) 2101 Hillen st

Filed ..... 19 ..... Huntington Williams, M.D.
Registrar.

JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest, find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy	
8	

Other contributory causes of importance: Post Partum Eclampsia

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

F 24919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24919

CERTIFICATE OF DEATH

9

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 312 Poppleton ST. 18-1 WARD)

2—FULL NAME Claretta Eaton

(a) RESIDENCE NO. 312 Poppleton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 4, 1934

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER George Eaton

11 BIRTHPLACE OF FATHER (city or town) Littleton
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Emma Austin

13 BIRTHPLACE OF MOTHER (city or town) Littleton
(State or country) N. C.

14 Informant George Eaton

Address 312 N Poppleton St.

Filed JUN 16 1936 19

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1936

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 14, 1936.

that I last saw h[illegible] alive on June 14, 1936

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

(a) Whooping Cough

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard, M. D.

6-15-1936 (Address) 1063 Mulberry Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt. Zion

DATE OF BURIAL June 16, 1936

20 UNDERTAKER
Mrs Katie R. Williams

ADDRESS 322 N Schroeder St.

Important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

F 24920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24920

56

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 W. Franklin ST., 9-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred J. Candy

(a) RESIDENCE NO. 1618 W. Franklin ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER York Candy

11 BIRTHPLACE OF FATHER (city or town) Richmond
(State or country) Va.

12 MAIDEN NAME OF MOTHER Rosetta Brown

13 BIRTHPLACE OF MOTHER (city or town) Relay
(State or country) Md

14 Informant Rosetta Candy

(Address) 1618 W. Franklin St.

JUN 16 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1936

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1936, to June 17, 1936, that I last saw h[illegible] alive on June 17, 1936 and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Embolism of brain

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard M. D.

6-15, 1936 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL June 17, 1936

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 324 Schroeder St.

Important. See instructions on back of certificate.

F 24921

✓ F 24921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So. Balto Gen Hosp St., 2-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Martha Panzer

(a) Residence: No. 209 S. Arch St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Fred Panzer

6. DATE OF BIRTH (month, day, year) 8-16-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Sex~~	49	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Vincent ~~Panzer~~ Jagenokay

14. BIRTHPLACE (city or town) ~~Roland~~ Germany
(State or country)

MOTHER

15. MAIDEN NAME Catherine Rosal

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 18 1936

19. UNDERTAKER Martin W. Diffenderffer
(Address) 3 E. Lanvale St.

Filed JUN 16 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-3-36, 19 to 6-14-36, 19

I last saw h~~er~~ alive on 6-14, 19 36 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	
Massive collapse	
Other contributory causes of importance:	
over	

Was an operation performed? Yes Date of 6-4-36

For what disease or injury? Pelvic tumor

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Francis N. Taylor, M. D.

(Address) So. Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 24922 ✓ F 24922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 108

1. PLACE OF DEATH Maryland General Hospital Registered No.
CITY OF BALTIMORE: (No. 11-3 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Harry R. Beer. If U. S. Veteran specify WAR
(a) Residence: No. Johnstown Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ella Beer

6. DATE OF BIRTH (month, day, year) Aug 11 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa (State or country)

FATHER
13. NAME James Beer
14. BIRTHPLACE (city or town) Pa (State or country)

MOTHER
15. MAIDEN NAME Anna Slaught FOUGHT
16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnstown Pa Date June 16 1936

19. UNDERTAKER Henry N. Jenkins Sons & McCullough Co (Address)

FILED JUN 16 1936 CERTIFIED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1936 to 6-16 1936
I last saw him alive on 6-16 1936 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Chronic Bronchitis	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John W Bazley M. D.
(Address) Maryland Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

F. D. F 24923

✓ F 24923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp 210-M

CITY OF BALTIMORE: (No. 12-27 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Nelson Wentz

(a) Residence: No. Freeland, Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Seaman Wentz

6. DATE OF BIRTH (month, day, year) 7-17-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Freeland Md (State or country)

FATHER

13. NAME David Wentz

14. BIRTHPLACE (City or town) Balto Co (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (City or town) Harford Co (State or country) Md

17. INFORMANT David Wentz (Address) Freeland Md

18. BURIAL, CREMATION, OR REMOVAL Place Fun Freedom Cem Date 6/16/36

19. UNDERTAKER (Address) Wm Cook 111 E Fayette St

20. FILED 19 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15/36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 6/15 1936

Where did injury occur? Automobile accident at Cockeysville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Automobile struck

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Hubert Slatter Coroner M. D.

(Address) 96 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 24924

24924

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Warner St. St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Bright Reed.(c) If U. S. Veteran specify WAR.....

(a) Residence: No. 436 W. Hamburg St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of (or WIFE of) Priscilla Reed.(c)

6. DATE OF BIRTH (month, day, year) May 15, 1894

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
42	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Colored

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Henry Reed.(c)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Priscilla Reed (c) wife.

(Address) 436 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date June 18, 1936

19. UNDERTAKER Joseph A. Lisby

(Address) 1404 N. Mount Street

20. FILED JUN 16 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto Reinhardt M. D. Coroner

6/15/36 (Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

verse

Spec.—1-12-23—M&T—500 Blks.

F 24925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24925

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2613 Ridgely ST., 25-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Bryan

(a) RESIDENCE No. 2613 Ridgely ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Bryan

6 DATE OF BIRTH (month, day, and year) April 15 1906

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Sidney Decatur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dorothy Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm. G. Bryan

(Address) 2613 Ridgely Street

15 Filed JUN 16 1936

16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1936

17 I HEREBY CERTIFY, That I attended deceased from May, 1936, to June 14, 1936, that I last saw h[illegible] alive on June 13, 1936, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 3 yrs. Accepted ds.

CONTRIBUTORY (Secondary) Information not obtainable as to Autopsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. T. Coleman M. D.

19 (Address) 2239 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem. — DATE OF BURIAL: June 18th 1936

20 UNDERTAKER: Joseph A. Lively — ADDRESS: 4099 Mount St

TION is very important See instructions on back of certificates.

F 24926 ✓ F 24926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH St. Agnes' Hospital Registered No. 25-2

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Horn

(a) Residence: No. 2507 Georgetown Rd., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madaline Horn

6. DATE OF BIRTH (month, day, year) May 6-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Horn

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Theresa Troughton

(Address) 612 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 18, 1936

19. UNDERTAKER George F. Schwab.

(Address) 2101 Frederick Ave. Huntington Station, Md.

20. FILED 19 Registrar

JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1936, to 6-15, 1936

I last saw him alive on 6-15, 1936 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	?
Cerebral hemorrhage	6 Hrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. F. Cook M. D.

(Address) St. Agnes Hospital Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F. D. 24927

F 24927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-2 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Williams Jones

(a) Residence: No. 1717 Madison ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	DR

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ——— 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ——— 11. Total time (years) spent in this occupation do do

12. BIRTHPLACE (city or town) .....
(State or country)

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Name)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date June 16, 1936

19. UNDERTAKER .....
(Address)

16 1936 Huntington Williams, M.D.
2377 d

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Injury thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Hypostatic)	5/30

Other contributory causes of importance:
Fx left ribs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 5/17, 1936

Where did injury occur? Fremont Ave near Lanvale
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto Grey sedan

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley Autz, M. D.
Coroner

(Address) 907 N. Chester St

OCCUPATION is very important. See instructions on back of certificate.

24928 V F 24928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 10-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Miss Marie Rafferty

(a) Residence: No. 905 E. Biddle St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20 1892

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	43	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy State Conservation Comm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John F Rafferty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A Engle

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT (Address) Miss Mary Rafferty 905 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date June 17 1936

19. UNDERTAKER (Address) Chas E. Shaw & Son 18 W. Preston St

20. FILED 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1936, to 6-16, 1936

I last saw her alive on 6-16, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lower)	6-15
Cardiac failure	

Other contributory causes of importance:

Ruptured Ovarian cyst	prob

Was an operation performed? Yes Date of 5-21-36

For what disease or injury? Ruptured Ovarian cyst

Name of operation Left Cystoöphorectomy Date of 5-21

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

24929

F 24929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Connecticut ave. St., 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 36 yrs. mos. ds.

2. FULL NAME James Joseph Carmody. No War Service

(a) Residence: No. 4210 Connecticut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy L. Grace Carmody

6. DATE OF BIRTH (month, day, year) March 20, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Law Office

10. Date deceased last worked at this occupation (month and year) April 15, 1936

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Thomas Carmody

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Murray

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. James J. Carmody
(Address) 4210 Connecticut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/18/36 19

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights.

20. FILED 6-16-1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to June 15 1936 last saw him alive on June 14 1936 Death is said to have occurred on the date stated above, at 9.40 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic infection of urinary tract. Uremia.
From May 15 to June 15
Surgical kidney + Sepsis

Date of onset 1931 May 15 '36

Other contributory causes of importance:

Post operative N.C.T.O. vesical fistula - Operation 5 yrs previous to death.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Holtzhayward M. D.

(Address) 1129 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

v 5 3

M. D. P. 1268-9

F 24930

24930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount St.) 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Julia Jolly

No War Record

(a) Residence: No. 527 West Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: James Jolly

6. DATE OF BIRTH (month, day, year): Dec 16th 1863

7. AGE: Years 72 | Months 3.5 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Joseph Price

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Sutton

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lyda Jolly

(Address) 3404 Alto Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: June 15 1936

19. UNDERTAKER: Leon Gooch

(Address) 1217 St. Paul St.

20. FILED: JUN 16 1936 Huntington Hills ~~Registrar~~ Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936, to June 15, 1936

I last saw her alive on June 15, 1936 Death is said to have occurred on the date stated above, at 9 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas with Metastases to Liver	May 1935
Other contributory causes of importance: Arteriosclerotic Heart Disease	May 1935
Cholecystitis Chronic with Cholelithiasis	1910?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Rankin C. Blount, M. D.

(Address) Church Home & Infy

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

24931 ✓ F 24931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital 210-N

CITY OF BALTIMORE: (No. ..... St. 4-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify W.A.R. .....

2. FULL NAME Grace Walker

(a) Residence: No. 123 Seminole Ave St. Nowata Ward. Oklahoma
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jimmie Walker

6. DATE OF BIRTH (month, day, year) 7-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Seminole Co Oklahoma
(State or country)

FATHER

13. NAME David Coker

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Mckinney

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Fred H. Dailer
(Address) Mehlville Mo

18. BURIAL, CREMATION, OR REMOVAL
Place Seminole Okla 6/17 1936

19. UNDERTAKER Jno C. Cook & Son
(Address) 1619 E. Pratt St

20. FILED JUN 16 1936 Huntington Billings Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide CAC Date of injury 6/15 1936

Where did injury occur? Ward Blvd near Ellwood Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Highway

Nature of injury Truck (Collision)

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dutton Bayley Acton M. D.
Coroner

(Address) 907 N. Stricker St

OCCUPATION is very important. See instructions on back of certificate.

Dr Ryoanek 801 N. Kenwood Ave

F 24932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24932

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Washington St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan E. Stinson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1012 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of William Stinson

6. DATE OF BIRTH (month, day, year) Jan 26th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 2?

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME William Spencer

14. BIRTHPLACE (city or town) (State or country) Wilmington Del

MOTHER

15. MAIDEN NAME ? Cannon

16. BIRTHPLACE (city or town) (State or country) Wilmington Del

17. INFORMANT (Address) Raymond Stinson 1012 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 17th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 [illegible] Registrar

JUN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to June 14th, 1936

I last saw her alive on June 14th, 1936 Death is said to have occurred on the date stated above, at 4a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/1/36
Senility	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Ryoanek M. D.

(Address) 801 N. Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 24933

F 24933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon. City Hos. St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachael King

(a) Residence: No. 122 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fletcher

6. DATE OF BIRTH (month, day, year) Unkn 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39 38				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 60 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

FATHER

13. NAME George Matthews

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rachel Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James King (son)

(Address) 122 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 6-18- 1936

19. UNDERTAKER Byron & Marnie H. Wright

(Address) 2800 E. Eldery St

20. FILED JUN 17 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.
Coroner

(Address) 1010 S. Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V S G

F 24934

F 24934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 So. Register St. J - 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Lawson

(a) Residence: No. 24 So. Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lawson

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxboro N. C.

FATHER

13. NAME John Neil

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John Lawson

(Address) 24 So. Register St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 6 - 17 - 1936

19. UNDERTAKER Belmont Mamie W. Wright

(Address) 1218 Mc Elderry St

20. FILED JUN 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 13 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 - 25 - 36, to 6 - 13 - , 1936

I last saw her alive on 6 - 12 - , 1936. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-25-36
Other contributory causes of importance: Valvulitis.	unknown

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible], M. D.

(Address) 611 - N. Caroline

OCCUPATION is very important. See instructions on back of certificate.

W. Hawkins & E. Randall Sts

F 24935

F 24935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Harford Ave 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Frances Kaufman

(a) Residence: No. 1034 Harford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of William H. Kaufman

6. DATE OF BIRTH (month, day, year) July 30th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME James Beggs

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eliza Crooker

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John E. Kaufman

(Address) 3802 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 17th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams

UN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 28 1936 to June 14 1936

I last saw h[illegible] alive on June 14 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/4/36
Other contributory causes of importance: Bedridden	4/1/36

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. J. Kaufman M.D.

(Address) W. & Randall Sts

OCCUPATION is very important. See instructions on back of certificate.

F 24936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 24936 — 76-8 1160-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 76-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME B. Boy Hurley

(a) Residence: No. 3801 Mt. Pleasant Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-15-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9 hrs. 13 min.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Arthur Hurley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Adig

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 6/17/36, 19

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eutaw

20. FILED Huntington Williams 15th
JUN 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 36

22. I HEREBY CERTIFY, That I attended deceased from June 15, 19 36 to June 15, 19 36
I last saw h. im alive on June 15, 19 36 Death is said to have occurred on the date stated above, at 9 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
atelectasis	6-15-36
Intracranial Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Catherine Weller M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 24937

M. D. B. 1263-9

F 24937 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 912-N. Central St., 10-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Montague

(a) Residence: No. 912-N. Central St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 11/17/19

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Alford-N. C.

FATHER

13. NAME Otha Montague

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lena Noel

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Otha Montague
(Address) 912-N. Central

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lairy Cem. Date June 17 1936

19. UNDERTAKER Mrs. Pinda Elliott-daughter
(Address) 1129 Hardin st.

20. FILED Huntington Williams
JUN 17 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-36

22. I HEREBY CERTIFY, That I attended deceased (from) 5-28 1936 to 6-13 1936
I last saw him alive on 6-13 1936. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	6/11/36
Acute Endocarditis	6/17/36
Angina Pectoris	6/1/36
Other contributory causes of importance:	
Acute Nephritis	5/11/36
Complications	5/11/36

Name of operation ... Date of ...
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jas R. Blake M. D.
(Address) 924 Arlington Ave

F 24938

F 24938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec'y Hospital St., 16-2 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Effie J. McLeod — If U. S. Veteran specify WAR .....

(a) Residence: No. 1002 Mosher St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) May 10 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wagram North Carolina

FATHER

13. NAME Peter McNeal

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Lowrie (Unknown)

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Walter McLeod

(Address) 1002 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurinburg N.C. Date June 18 1936

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St. Washington Boulevard, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute infarction of Pancreas	

Other contributory causes of importance: Pneumonia

Was an operation performed? Yes Date of June 15 36

For what disease or injury? Pancreatitis

Name of operation Laparotomy Date of June 15

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1016 S. Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

N 17 1936

M. D. B 1268-9

F 24939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24939

CERTIFICATE OF DEATH

✓ 173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Roberson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1126 Shields St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 31, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	5	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Hary Robinson

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Jessie Glover

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hary Glover
(Address) 1126 Shield St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. June 18 1936
Place Date 19

19. UNDERTAKER Bernard A. Hemsley
(Address) 818 Druid Hill Ave.

JUN 17 1936 Washington, D. C.
Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Chest	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury June 14 193

Where did injury occur? Steps infront of 921 Argile Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place(Street)

Manner of injury Strucr by Bullet

Nature of injury Wound of Chest

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Gelien M. D.
Coroner

(Address) 2751 W. North

24940 3145 73

F 24940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Annie Campbell

If U. S. Veteran specify WAR

(a) Residence: No. 115 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/15/65

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
70	71	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Sam Campbell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Millie Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/18/36

19. UNDERTAKER Mrs. Geo. N. Holland

(Address) 631 Druid Hill Ave

Huntington Williams, Asst Registrar.

20. FILED ..., 19...

UN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 15, 1936

I last saw her alive on June 13, 1936. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Lobar Pneumonia } Bacteremia }	Pneumococcus Type 8	June 7th

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Laduck, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. THE CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. DO NOT STATE MODE OF DYING.

VS 3

M. D. B 1268-9

F 24941

24941 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. ..... St., 16-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Chychla

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 (Usual place of abode) St. Maund Ave Ward Russ Near Stamford (If non-resident give city or town and State) Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anthony Chychla

6. DATE OF BIRTH (month, day, year): 1908

7. AGE: Years: 28; Months: —; Days: —; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Martin DeKierske

14. BIRTHPLACE (city or town) (State or country): Polande

MOTHER

15. NAME: Catherine Sivica

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Dorothy Chychla

(Address) Maud Ave & Stamford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 6/20 19 36

19. UNDERTAKER: John Szyda

(Address) 2811 Hudson St

20. FILED 6-17-1936 Arlington Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	
Probable fractured skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/7 19 36

Where did injury occur? Near Middle Ave Bases (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto struck & fractured skull

Nature of injury over

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Stanley Auto M. D. Coroner

(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 24942

F 24942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 124-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore St., [illegible] Ward)

Length of residence in city or town where death occurred ..yrs. 3 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mr. Wolf Kuron

(a) Residence: No. Martinsburg W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W. | 5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Fannie

6. DATE OF BIRTH (month, day, year): 1882

7. AGE: Years 54 | Months | Days | If LESS than 1 day, ..hrs. or ..min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Noah R.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Gertrude

16. BIRTHPLACE (city or town) (State or country): R.

17. INFORMANT: Max Kuron
(Address) Chambersburg Pa

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Southern Cem Date 6-18 1934

19. UNDERTAKER: Jack Lewis
(Address) 1434 E Baltimore St

20. FILED ..... 19.. Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 1934 to June 17 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — ?
Hemorrhage from Bowel — 6/16/34 noon

Other contributory causes of importance:

Ascites

Name of operation None Date of

What test confirmed diagnosis Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph Zierler M. D.

(Address) 207 E Lexington St Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 24943 HEALTH DEPARTMENT—CITY OF BALTIMORE F 24943

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 159

CITY OF BALTIMORE: (No. 419 Gale Av. St., Irvington Ward 30)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1½ mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Ruby

(a) Residence: No. 419 Gale Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
				30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte. Mont.

FATHER

13. NAME Chester T. Ruby

14. BIRTHPLACE (city or town) (State or country) Butte. Mont.

MOTHER

15. MAIDEN NAME Margaret J. Rodgers

16. BIRTHPLACE (city or town) (State or country) Butte. Mont.

17. INFORMANT Mrs Margt Ruby

(Address) 419 Gale Av.

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date June 17, 19 36

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

JUN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16 1936 to June 16, 1936

I last saw her alive on June 16 1936 Death is said to have occurred on the date stated above, at 6.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of Onset
Prematurity 6 Mo Foetus	

Other contributory causes of importance:

Vomiting of Mother due to former operation for tumor of Uterus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 1605 N. North Av.

V. S. 3 — State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24944

24944 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Baltimore City Hospitals 8-5 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August L. Dennis

(a) Residence: No. 1820 N. Register St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine V. Kiel

6. DATE OF BIRTH (month, day, year) 3-20-1866

7. AGE Years	Months	Days	If LESS than 1 day old
70	2	28 or 7	~~hrs.~~ ~~or min.~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME ? "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT B.C.H. Records

(Address) and Family record.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 6/19/36

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED (Registrar)

JUN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1936 to 6/17, 1936

I last saw him alive on 6/17, 1936 Death is said to have occurred on the date stated above, at 12:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1 yr.
Cellulitis, rt arm	2 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

✓ F 24945

24945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3724 Belle Ave ST. 15-11 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ephriam Logue

(a) RESIDENCE NO. 3724 Belle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lillian Elizabeth Logue

6 DATE OF BIRTH (month, day, and year) Jan. 7th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 0009

(b) General nature of industry, business, or establishment in which employed (or employer) B & O Office

(c) Name of employer B & O. Rail Road

9 BIRTHPLACE (city or town) (State or country) Reisterstown Md.

PARENTS

10 NAME OF FATHER Thomas Logue

11 BIRTHPLACE OF FATHER (city or town) Reisterstown (State or country) Md.

12 MAIDEN NAME OF MOTHER Lyda Benyman

13 BIRTHPLACE OF MOTHER (city or town) Reisterstown (State or country) Md.

14 Informant Harry Hunter Logue (Address) 3724 Belle Ave. Balto.

File N 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1936

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1936, to June 17th, 1936, (but I last saw him alive on June 17th, 1936, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Elbert E. Reitzel M. D.

6/17, 1936 (Address) 2245 Reisterstown Rd. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL June 19 1936

20 UNDERTAKER Wm Berryman Sons

ADDRESS Reisterstown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 24946

24946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 E Read St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME VIRGINIA LOCKWOOD

If U. S. Veteran specify WAR

(a) Residence: No. 8 E Read St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 27 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	21/24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co Md
(State or country)

FATHER

13. NAME Wm Fairfield Lockwood

14. BIRTHPLACE (city or town) Vt.
(State or country)

MOTHER

15. MAIDEN NAME Sally Champe Slaughter

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Miss Margie Morton
(Address) 906 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place St Thomas Garrison Forest Date June 18 1936

19. UNDERTAKER Henry W Tenkins Sons & Co
(Address) Mt Clinton & Orchard Sts

Registered June 17 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934 to June 17, 1936

I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Cerebral)	prior to 1/9/34
Other contributory causes of importance: Bronchopneumonia	2/8/36
Hypostatic Lung	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas Cleveland Judd, M. D.

(Address) 222 Aisquith Road

24947 F 24947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Club Road St., 27-14 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Talbot Todd

If U. S. Veteran specify WAR

(a) Residence: No. 8 Club Rd. Roland Pk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Moore Todd

6. DATE OF BIRTH (month, day, year) June 23 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10 11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Todd

14. BIRTHPLACE (city or town) (State or country) Rockbridge Co Va

MOTHER

15. MAIDEN NAME Laddie Talbott

16. BIRTHPLACE (city or town) (State or country) Carlton Co Va

17. INFORMANT Ellen Todd

(Address) 8 Club Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 18 1936

19. UNDERTAKER Henry W. Jenkins Son & Co

(Address) Druid Ridge Cemetery

20. Filed JUN 17 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Prev 1935 to June 16 1936

I last saw him alive on June 16 1936 Death is said to have occurred on the date stated above, at 4.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular thrombosis, cerebral	

Other contributory causes of importance:

Arteriosclerosis,	

Was an operation performed? No Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Corbin Arrett M. D.

(Address) 717 Fairfax Building

OCCUPATION is very important. See instructions on back of certificate.

21948 T 21948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Ellamont St. 20-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Caroline Schuster If U. S. Veteran specify WAR No Record

(a) Residence: No. 2304 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: John Robert Schuster

6. DATE OF BIRTH (month, day, year): Aug 22nd 1862

7. AGE: Years 73; Months 9; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): June 14 1936

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Helen M. Schuster
(Address): 1529 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross (Brooklyn) Date: June 19th 1936

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED: NOV 17 1936 Registrar: Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1936, to June 16 1936
I last saw her alive on June 4th 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Operating) Carcinoma of Uterus	1½ years
Myocarditis	2 years
Secondary Anemia	1½ Mo
Acute Exhaustion 7 Hours	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) 16 E. Eutaw St

OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 24949 ✓ F 24949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius R. Dougherty If U. S. Veteran specify WAR

(a) Residence: No. 2303 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie A. Dougherty

6. DATE OF BIRTH (month, day, year) Sept 28. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Work

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wicomico, Maryland

FATHER

13. NAME John Tom Dougherty

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa A Riall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edw. L. Naylor

(Address) 2303 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date June 20 . 19 36

19. UNDERTAKER Wm Cook & Sons

(Address) 1217 E. Fayette St

20. FILED JUN 17 1936 Clayton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13 . 1936 to June 16 . 1936

I last saw him alive on June 16 . 1936 Death is said to have occurred on the date stated above, at 945 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	June 16, 1936

Other contributory causes of importance:

Arteriosclerosis, Senility
Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD

OCCUPATION is very important. See instructions on back of certificate.

F 24950

~~B142680~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 7-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gregory Jakimovich
If U. S. Veteran specify WAR .....

(a) Residence: No. 533 N. Streeper St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Jakimovich

6. DATE OF BIRTH (month, day, year) 2/6/81

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	04	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 20 1936

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Jakimovich

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Eva Krkmmn

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date June 20 1936

19. UNDERTAKER for Cole
(Address) 1217 E Oriole St

[illegible] Filed JUN 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 16, 1936.
That I last saw him alive on June 16, 1936. Death is said to have occurred on the date stated above, at 7 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (staph albus)	May 29, 1936
(Site of origin not determined)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph T. Ballard, Jr. M. D.

(Address) Johns Hopkin Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 17 1936

F 24951

~~F 24944~~ HEALTH DEPARTMENT—CITY OF BALTIMORE ~~F 24944~~ F. 24951

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hosp. 27-12 72-a Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Charles Bradshaw If U. S. Veteran specify WAR ..... No.

(a) Residence: No. 381 Evesham St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Bradshaw

6. DATE OF BIRTH (month, day, year) Feb 1st 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0-73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Smith Island Md

FATHER

13. NAME Hamilton Bradshaw

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rachel Bradshaw (Address) 381 Evesham Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 20 1936

19. UNDERTAKER Wm Cook (Address) 1217 E Fayette St

20. FILED JUN 17 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/24 1936, to 6/17 1936

I last saw living alive on 6/16 1936 Death is said to have occurred on the date stated above, at 7:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	
Addison - Failure	

Other contributory causes of importance:

Pleural effusion	
Cardiac Failure	over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stellwagen, M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F. 24952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 24952

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 73 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Barbara Lotz

If U. S. Veteran specify WAR

(a) Residence: No. 526 No. Montford Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Michael Lotz

6. DATE OF BIRTH (month, day, year) July 13-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Dorbert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mondegunda Heim

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Lotz

(Address) 526 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 18, 1936

19. UNDERTAKER C. Miller & Son

(Address) 2324 Jefferson St

N 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-10-'36, 19..., to 6-15-36, 19...

I last saw her alive on 6-15-36, 19... Death is said to have occurred on the date stated above, at 12 20 m. (a.m. or p.m.) (midnight)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?
Ascites	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-11

For what disease or injury? Exploratory

Name of operation Inoperable Cancer Date of 6-11-

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Wagonseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F. 2495-3 ✓ F. 2495-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 S. Loudon Ave. St. 20-8 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Souder

(a) Residence: No. 129 S. Loudon Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Souder

6. DATE OF BIRTH (month, day, year): Sept. 13, 1868

7. AGE: Years: 67 | Months: 9 | Days: 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): ...

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ...

17. INFORMANT: John Souder
(Address) 129 S. Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: June 18 1936

19. UNDERTAKER: Bantos Sons
(Address) Central Ave

LICENSE NO. ... Huntington Williamsport Md

N 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1935 to June 16, 1936

I last saw h[illegible] alive on June 16, 1936 Death is said to have occurred on the date stated above, at 2.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast	4 year
Other contributory causes of importance:	
Metastasis to lungs liver and Brain	8 month

Name of operation: Radical Breast Date of: March 25

What test confirmed diagnosis? Op - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) N. W Boxelle, M. D.

(Address) 4213 Frederick Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24954

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 Burleith ave St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Percy B. Abramson

If U. S. Veteran specify WAR .....

(a) Residence: No. 3310 Burleith ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE) Bessie M. nee Goodman

6. DATE OF BIRTH (month, day, year) April 14 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Circle Motor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER FATHER

13. NAME Wm Abramson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Legum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Archa Abramson

(Address) 3310 Burleith ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Place ..... Date June 18, 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 112 & N. North ave

Filed JUN 15 1936 E. J. Lyington, Jr. City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to June 16, 1936

I last saw him alive on June 16, 1936 Death is said to have occurred on the date stated above, at 8:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	June 1935
Other contributory causes of importance:	
Cardiac Hypertrophy & Dilatation	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Legum M. D.

(Address) 1761 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24955

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 Park Heights ave 5-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Gold.

(a) Residence: No. 3522 Park Heights ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Samuel.

6. DATE OF BIRTH (month, day, year): 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Israel Gumwitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Caplan

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Samuel Gold.

(Address) 3522 Park Heights ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date June 18. 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1126 W. North ave

19. FILED JUN 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935 to June 17, 1936

I last saw ~~her~~ alive on June 16 1936 Death is said to have occurred on the date stated above, at 7.44 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-vascular Disease; Mitral Stenosis and	20 yrs
Malignancy of Breast	4 yrs
Other contributory causes of importance:	
Heart Failure - 1 year	1½ yrs
metastasis - 1 year	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. A. Sussman M. D.

(Address) 2340 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 24956

F 24956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Office of Bost Iron & Metal Co. East Falls Ave & Oliver Ave St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel W Wright

If U. S. Veteran, specify WAR

(a) Residence: No. 518 Wilson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) March 6 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bost Iron & Metal Co

10. Date deceased last worked at this occupation (month and year) 6/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Hattie Cumbo

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs Frances Wright
(Address) 518 Wilson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel. Date 6/20/36. 19

19. UNDERTAKER Archibald A Gaddis
(Address) 2101 N Gilmor St

20. Filed JUN 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Embolism	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24957

CERTIFICATE OF DEATH

✓ 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Berryman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2131 Woodberry Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie F. Berryman

6. DATE OF BIRTH (month, day, year) Feb. 14, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spring Grove Hospital

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 24 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ephriam Berryman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Hanson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sadie Berryman

(Address) 2131 Woodberry Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 6/20 1936

19. UNDERTAKER W. M. Cook

(Address) 214 E. Lexington

FILED JUN 18 1936 Evelyn Phillips

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Carcinoma of Bladder	
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 16, 1936

For what disease or injury? Tumor of Bladder

Name of operation Cystotomy Date of June 16

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. K. Mc Mechan M. D. Coroner

(Address) 2757 N. Howard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24958

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Spaulding Ave. 18th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert R Lyons

If U. S. Veteran specify WAR

(a) Residence: No. 3706 Spaulding Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Lyons

6. DATE OF BIRTH (month, day, year) Mch 1. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Comp.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Harrison Lyons

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Mallett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillie M Roberts

(Address) 3706 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Middlerow Date 6/20, 1936

19. UNDERTAKER Wm Cook & Son

(Address) 1219 E Fayette St

20. FILED , 19 Registrar.

JUN 18 1936 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1936, to 6-17, 1936

I last saw him alive on 6-16, 1936. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None. Date of

What test confirmed diagnosis? Urinary Test Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emile Letender, M. D.

(Address) 2129 W Lanvale Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24959

F 24959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 428 Merryman's Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Preston

6. DATE OF BIRTH (month, day, year) Oct 15 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stanford (State or country) Virginia

FATHER

13. NAME John Matthews

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nancy Powers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lucy Bundy

(Address) 424 Merryman's Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 6/18, 1936

19. UNDERTAKER Francis A. Dempsey

(Address) 57 W. Biddle St

20. FILED 19 [illegible] Registrar.

JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	
following acute bronchitis	

Other contributory causes of importance: Nephritis arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24960

F 24960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Baltimore General Hospital. Registered No.

CITY OF BALTIMORE: (No. ..... St., 18-1 Ward) 186-C (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Robert D. Ferguson If U. S. Veteran specify WAR .....

(a) Residence: No. 856 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude M. Ferguson

6. DATE OF BIRTH (month, day, year) April 11 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	66	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Hannah —

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Gertrude Ferguson wife
(Address) 856 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 18 1936

19. UNDERTAKER Mr. & Mrs. John W. Feufel & Son
(Address) 801 W. Fayette St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. about 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/16, 1936

Where did injury occur? Lumber Co Hilton St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fall from Scaffold

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Lann M. D.
Coroner

(Address) 125 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

N 18 1936

F 24961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24961

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Reisterstown Road 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Henrietta Grebe

If U. S. Veteran specify WAR .....

(a) Residence: No. 1700 S. Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Grebe

6. DATE OF BIRTH (month, day, year) Mar 21. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME George Baumann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Niebking

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Grebe

(Address) 1700 S. Charles st.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 19. 1936.

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Lafayette st.

20. FILED JUN 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1935 to June 16 1936

I last saw h[illegible] alive on June 16 1936 Death is said to have occurred on the date stated above, at 10 .m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Colitis	6 yrs
Other contributory causes of importance	
Chronic Nephritis	8 mos

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. Mayberry M. D.

(Address) 10 Bancroft

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 24962

F 24962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S Chester St. 7-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Haman

(a) Residence: No. 208 S Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J Hamon

6. DATE OF BIRTH (month, day, year) Feb 12 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at homee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ~~Don't Know~~

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Shonhaar

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Haman

(Address) 715 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 18 19 36

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

20. FILED . 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936 to June 16, 1936

I last saw her alive on June 15 1936. Death is said to have occurred on the date stated above, at 8 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	'36
Angina Pectoris	'36
Gangrene Right foot	6/11/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. J. Preston M. D.

(Address) 432 S. Patterson Pk Ave.

JUN 18 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. & D. No. F 24963

F 24963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 143 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. W. Wilson

If U. S. Veteran specify WAR None

(a) Residence (No. 205 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie B. Wilson

6. DATE OF BIRTH (month, day, year) 3/24/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 00 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Carlton Wilkinson

(Address) 1409 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 6/18/36 19

19. UNDERTAKER Robt. T. Williams

(Address) 15 S. Mt. Street

FILED JUN 19 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	

Other contributory causes of importance:

Myocarditis Chronic

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Orrin B. Wallace M. D.

(Address) 1031 St Paul St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24964

F 24964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-N Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Smith (Patsouli)

(a) Residence: No. Back River Neck Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 20. 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	7	06	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Alexander Smith (Patsouli)

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town)
(State or country) " "

17. INFORMANT Alexander Patsouli
(Address) Back River Neck

18. BURIAL, CREMATION, OR REMOVAL
Place Polish Lutheran Date June 19. 1936

19. UNDERTAKER Williams Hallcondaei
(Address) 1618 Eastern Ave.

20. FILED ..... 19.....

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6-16-1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936 to June 16, 1936

I last saw h[illegible] alive on June 16, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-16
Otitis media	5-16

Other contributory causes of importance:

Anemia secondary	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Colton, M. D.

(Address) University Hospital

Information called for in dotted lines should be carefully supplied, and the certificate should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 24965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24965

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Edmondson Ave. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda S. Bruder,

If U. S. Veteran specify WAR .....

(a) Residence: No. 1304 Edmondson Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Bruder,

6. DATE OF BIRTH (month, day, year) January 30, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Tieman,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Christina Myers,

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Marie E Bruder

(Address) 1304 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date JUN 19 1936, 19

19. UNDERTAKER Robert S Seitz

(Address) 1260 EDMONDSON AVE.

20. FILED JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 17 1936

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1934, to June 17, 1936

I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-V Endocarditis	
with decompensation	1934

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Maurice E. Shamer, M. D.

(Address) 3300 W. North ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24966

F 24966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Pearl St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Dyson

If U. S. Veteran specify WAR .....

(a) Residence: No. 514 Pearl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Dyson

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jerain Walker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Walker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Dyson

(Address) 748 Lurge St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 6/20/36

19. UNDERTAKER Bernard P Hemphy

(Address) 818 Druid Hill Ave

20. FILED ..... 19 Huntington Williams, M.D.

Registrar.

UN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset June 16 1936

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Hearsay Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno J Allen, Jr. M. D.

Coroner

(Address) 50 Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 24967

F 24967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 152

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Hughes

(a) Residence: No. St. Lukes Lane St., Ward. Hebbville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18th 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	4	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George H. Hughes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ruth E. Gray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo. H. Hughes

(Address) St. Lukes Lane Hebbville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hondi Chapel Date 6/20 19 36

19. UNDERTAKER J. M. Cook

(Address) 1217 St. Paul St.

Filed JUN 18 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/15, 1936 to 6/17, 1936

I last saw h alive on 6/17 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	6/12/36
Abscess Lower Lip	6/4/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/12/36

For what disease or injury? Abscess Lower Lip

Name of operation Incision & Drain Date of 6/12/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Examiner Dept

Information should be carefully applied. Be sure that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24968 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Callow Ave St., 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie F. Jacobson

(a) Residence: No. 2423 Callow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 39 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Jacob Fraidin

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Leona Nadgo

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Hebrew Friendship Cem. 6/18 1936

19. UNDERTAKER: Jack Levine Inc

(Address): 2100 Eutaw Place

JUN 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to June 17 1936

I last saw h[illegible] alive on June 17 1936. Death is said to have occurred on the date stated above, at 5 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circumvolution	
Following	
Breast Carcinoma →	March 1934
Other contributory causes of importance:	
Diabetes Insipidus	June 14
Name of operation Radical Breast Date of	March 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Saul Wolman, M. D.

(Address) 2444 Eutaw Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

24969 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24969

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St.) (Ward) 12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rae Sacks

(a) Residence: No. 3712 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Sacks

6. DATE OF BIRTH (month, day, year) April 25, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Silberman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ellen Ginzberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Henry Sinn Date 6-18 1936

19. UNDERTAKER Jos. Lewis Inc
(Address) 1-37 E. Balto St.

20. FILED JUN 18 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 18, 1936

I last saw h[illegible] alive on June 18, 1936. Death is said to have occurred on the date stated above, at 2 35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Carcinomatosis from Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) [signature] M. D.

(Address) West Balto Gen'l Hosp.

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Lindley

HEALTH DEPARTMENT—CITY OF BALTIMORE

21870 F 24970

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. Springer 3-1 131 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? No yrs. ..... mos. ..... ds.

2. FULL NAME Fanny Yaffa

If U. S. Veteran specify WAR .....

(a) Residence: No. 101 S Springer St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 6/7

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Yaffa

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jesse Yaffa

(Address) 2028 Eldorado

18. BURIAL, CREMATION, OR REMOVAL

Place Levindale Date 6/18/36

19. UNDERTAKER Jos. Levi Inc

(Address) 1439 E. Baltimore St

JUN 18 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/36. 19

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936 to June 17, 1936

I last saw her alive on June 14, 1936. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertension	
Arteriosclerosis	
Aortic Insufficiency	
Other contributory causes of importance: Nephritis	Unk

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Jensen M. D.

(Address) 16 S Broadway.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 2

Feldman ✓

24971 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 24971

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3924 Eastern Ave St., 16-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? V yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Feldman

(a) Residence: No. 3924 Eastern Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Feldmourtz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gertrude

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Feldman

(Address) 3924 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Mt Carmel Date 6/18/36 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1434 E. Balto St.

JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to June 17 1936

I last saw her alive on June 13 1936 Death is said to have occurred on the date stated above, at 6 57 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1920
Hypertension	
Myocardial insufficiency	1935
Other contributory causes of importance:	
Auricular Fibrillation	1934

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack Cohen M. D.

(Address) 2238 E Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24972

✓F 24972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Edmondson Ave 16-5 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvena Lenz Lenz

If U. S. Veteran specify WAR .....

(a) Residence: No. 2428 Edmondson Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jos Lenz

6. DATE OF BIRTH (month, day, year): Nov 4 1863

7. AGE: Years 72 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Emil Vogel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Hellman Bruggeman

16. BIRTHPLACE (city or town) (State or country): Balt

17. INFORMANT: Grace H Lenz

(Address) 2428 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place: St Pauls Violetville 6-20 1936

19. UNDERTAKER: McCleary & Rhode

(Address) 2427 Edmondson

20. FILED ..... 19..... Huntington Williams M.D.

JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936 to June 16, 1936

I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

Encephalitis — Date of onset May 30

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John A Evans M. D.

(Address) 612 N 40 St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24973 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

24973

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.
CITY OF BALTIMORE: (No. St. 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Charles Rogers
(a) Residence: No. 1613 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 8/10/93

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	42	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamaica

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/20 19 36

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

JUN 18 1936
JUN 18

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to June 16, 1936
I last saw him alive on June 16, 1936. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows: Perforated gastric ulcer — Date of onset 6 weeks

Other contributory causes of importance: Sub diaphragmatic abscess, 2 weeks
Bacillus coli

Was an operation performed? Yes Date of May 12
For what disease or injury? above
Name of operation Tapeotomy Date of May 2
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M K Woodhead M. D.
(Address) Johns Hopkins

Information should be carefully supplied. ANS should be stated PLAINLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 24974 ✓ F 24974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1817 Fleet st. St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Stemmer — If U. S. Veteran specify WAR

(a) Residence: No. 1817 Fleet st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 18-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Stemmer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Strzegowski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary Stemmer
(Address) 1817 Fleet st

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date June 19th 1936

19. UNDERTAKER George A Weber
(Address) 705 S Conkling

... 1936 Washington Williamsburg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 18, 1936

I last saw he alive on June 18, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity & birth - lived only 10 minutes (6 mos)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Benjamin M. Dyer, M. D.

(Address) 2028 E. Fourth

JUN 18 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24975

F 24975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S Patterson Park Ave St., 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Kulacke

(a) Residence: No. 126 S. Patterson Pk. Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucas Kulacke

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Tuszyna Poland

FATHER

13. NAME Joseph Rusin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Sobus

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leo L. Kulacke
(Address) 126 S. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date June 20 1936

19. UNDERTAKER George A. Weber
(Address) 926 E. 20th St

20. FILED JUN 18 1936 Hester Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13 1936 to June 16 1936

I last saw her alive on June 16 1936 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion (embolism) Date of onset June 15, 1936

Phlebitis

Other contributory causes of importance:

Acute Indigestion

Weakness of heart

Bronchitis

Operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo L. Kulacke M. D.

(Address) 126 S. Patterson Pk Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltmore General Hospital St., 24-S Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ---yrs. ---mos. 9 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Buddy Gene Rivers. If U. S. Veteran specify WAR .....

(a) Residence: No. 109 E. Gittings St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 8, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	0	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry Rivers.

14. BIRTHPLACE (city or town) (State or country) California.

MOTHER

15. MAIDEN NAME Hilda Kakas.

16. BIRTHPLACE (city or town) (State or country) California.

17. INFORMANT Hilda Rivers. (mother)
(Address) 109 E. Gittings St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date 6/18 19 36

19. UNDERTAKER Margaret A. Flynn
(Address) 2102 E. Biddle St.

20. FILED 6/18/36

JUN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
congenital.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Steinhardt M. D.
Coroner

(Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S G

M. D. P. 1268-9

Alma B Tennant

F 24977

F 24977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5006 Maidwood Ave St., 27-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John D. Abel

(a) Residence: No. 5006 Maidwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Abel

6. DATE OF BIRTH (month, day, year) Dec. 9 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	15 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant 40 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna C. Abel
(Address) 5006 Maidwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bar. Redeemer Date June 19 36

19. UNDERTAKER J. R. L. Robertson
(Address) 156 N. Eutaw

N 18 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1935 to June 16 1936

I last saw ... alive on June 15 1936. Death is said to have occurred on the date stated above, at 2 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	8 mo

Other contributory causes of importance:

Chronic Endocarditis
Myocardial Degeneration Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Alma B Tennant, M. D.

(Address) 718 N. Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 24978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24978

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 S. Bond St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fuller

If U. S. Veteran specify WAR

(a) Residence: No. Usual place of abode St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Feb 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME John S. Fuller

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie C. Caton

16. BIRTHPLACE (city or town) (State or country) Balt Md.

17. INFORMANT Jule (Brother)

(Address) 1013 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date June 20, 1936

19. UNDERTAKER John A. Statham

(Address) 3000 E. Balto St.

20. FILED JUN 18 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1010 S. Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 James St. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Max F. Keller

(a) Residence: No. 1341 James St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christene Keller

6. DATE OF BIRTH (month, day, year) Dec. 18, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elect. Co.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Keller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christine Keller

(Address) 1341 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/19/36. 19

19. UNDERTAKER Frederick A. Pole

(Address) 1200 W. Lombard St

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936. to June 16, 1936.

I last saw him alive on June 15, 1936. Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with chr.	?
myocarditis + chr. Nephritis	?
Paralysis Agitans	
Other contributory causes of importance:	
Edema of Lungs	6/14/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) C P Rostein M. D.

(Address) 2623 Washington Blvd

JUN 18 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 Washington Blvd, St. 25-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward J. Clarke

If U. S. Veteran specify WAR .....

(a) Residence: No. 2329 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert E. Clarke

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth H. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Robert E. Clarke
(Address) 2329 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/18/36 19

19. UNDERTAKER Frederick A. Dole
(Address) 1220 W. Lombard St.

JUN 18 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to June 15, 1936

I last saw him alive on June 15, 1936. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	6-10-36

Other contributory causes of importance:

Hydrocephalus	1935

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward J. Miller, M. D.

(Address) 682 Washington Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24981

F 24981 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Catherine Seabock

If U. S. Veteran specify WAR .....

(a) Residence: No. 724 Singer Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 2, ~~1930~~ 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6 ~~5~~	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Seabock

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dora Riley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt Cathedral Date June 9 1936

19. UNDERTAKER D. D. Marshall

(Address) 3039 Bell Road

20. FILED ..... Huntington Williams ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 18, 1936

I last saw h~~im~~ alive on June 18, 1936. Death is said to have occurred on the date stated above, at 2 35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus septicemia	6-17-36
Meningococcus meningitis	6-17-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis D'Schwentker M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24982

F 24982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jennie Bernard

If U. S. Veteran specify WAR

(a) Residence: No. Lopas, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Bernard.

6. DATE OF BIRTH (month, day, year) Dec 24-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lopas. Md.

FATHER

13. NAME Geo. Price

14. BIRTHPLACE (city or town) (State or country) Lopas Md.

MOTHER

15. MAIDEN NAME Rose Barrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Frank Price

(Address) 4217 Hamlin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dixie Lawn Date June 22 1936

19. UNDERTAKER Wm. E. Brooks Sons

(Address) [illegible]

JUN 18 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-31-, 1936 to 6-18-, 1936

I last saw her alive on 6-18-36, 19 ... Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	6-17-36
Cholecystitis. 2yrs duration	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-16-36

For what disease or injury? Cholelithiasis

Name of operation Cholecystotomy Date of 6-16-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lawrence H. Miller M. D.

(Address) Mercy Hosp. Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24983

CERTIFICATE OF DEATH

161-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Johnson

(a) Residence: No. — 502 Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 28, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lillie Mae Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT —

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mud School Date June 18 1936

19. UNDERTAKER [illegible]

(Address)

[illegible] Dr. Wm. E. Hoffman

[illegible] 2355

JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28 1936 to June 10th 1936

I last saw h[illegible] alive on June 10th 1936 Death is said to have occurred on the date stated above, at 2:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
asphyxia - Aspiration	6/10

Other contributory causes of importance:

Small twin

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Davis M. D.

(Address) Univ. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3145 03
24984

✓ F 24984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 157-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St. 1-5 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sonya Kerr — If U. S. Veteran specify WAR ...

(a) Residence: No. 339 C. Lt. Carlisle Penn. Ward. H.E. & E.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6 mos.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pinney Branch Penn

FATHER

13. NAME Chesley Kerr -

14. BIRTHPLACE (city or town) (State or country) Penn. -

MOTHER

15. MAIDEN NAME Grace Kerr -

16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT Records. - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Carlisle Pa Date 6-20 ... 1936

19. UNDERTAKER Wm J. Lefever Sons (Address) Natl & Pa

... Registrar.

JUN 18 1936

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1936 to June 18th, 1936

I last saw h.. alive on June 18, 1936 Death is said to have occurred on the date stated above, at 9 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypoplasia of Mandible (congenital malformation)	Birth
Bronchial pneumonia	6-16-36
Otitis media	6-5-36

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) J. A. Cruickshank M. D.

(Address) Johns Hopkins Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I 24985 ✓ F 24985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Liberty Heights Ave St., 15-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Richard Emmett Bromwell

(a) Residence: No. 3306 Liberty Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V & Ann M. Bromwell

6. DATE OF BIRTH (month, day, year) May 1 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Life Ins. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hosea Bromwell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Louisa ------

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna R. Staples

(Address) 4306 Kathland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date June 20 1936

19. UNDERTAKER Harry R. Ammerman & Son

(Address) 4204 Ridgewood Ave.

20. FILED JUN 18 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1931 to June 18, 1936

I last saw h... alive on June 17, 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hematemesis	December 24, 1935
from esophogal varicoses, (possibly malignancy)	February 1936
Other contributory causes of importance:	
chr. cystitis + pyelitis	4 yrs.
hemorrhoids, acute thrombotic	chronic

Was an operation performed? ... Date of March 12, 1931

For what disease or injury? Benign prostatic hypertrophy

Name of operation prostatectomy Date of ...

What test confirmed diagnosis? clin. lab. methods. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Frank R. Smith, Jr. M. D.

(Address) 1014 St. Paul Street.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 24986

F 24986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 W. Randall St., 23-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Behrens

If U. S. Veteran specify WAR.....

(a) Residence: No. 104 W. Randall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Behrens

6. DATE OF BIRTH (month, day, year) Sept 26, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statuary & Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Cut Manufacturer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Behrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Kaiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mary L. Behrens 104 W. Randall St

18. BURIAL, CREMATION, OR REMOVAL Place Green Mt Cem Date June 20 1936

19. UNDERTAKER (Address) G. Donald Evans 1406-08 Eutaw St

20. [illegible] Residence

JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to June 17, 1936

I last saw him alive on June 16, 1936 Death is said to have occurred on the date stated above, at 10:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Bladder	indefinite
Other contributory causes of importance:	
Exhaustion	6/15/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

6/17/36 (Signed) R. L. Campbell M. D.

(Address) 1644 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24987

HEALTH DEPARTMENT—CITY OF BALTIMORE

24987

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. 15-5

CITY OF BALTIMORE: (No. 2800 Reisterstown Road, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Sonneborn

(a) Residence: No. 2800 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah K. Sonneborn

6. DATE OF BIRTH (month, day, year) July 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silks etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Simon Sonneborn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Moses Sonneborn.
(Address) 2800 Reisterstown Road.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Cem. Date June 19, 1936

19. UNDERTAKER Chas. Sonnheim's Son
(Address) 1902 Eutaw Place

20. FILED ... Registrar.

JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4th. 1930. to June 17 1936

I last saw h[illegible] alive on June 16 1936. Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	6/17/36

Other contributory causes of importance:

Coronary Artery Disease	1920
General Arteriosclerosis	1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. Finton M. D.

(Address) 2320 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

24988 HEALTH DEPARTMENT—CITY OF BALTIMORE T 24988

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Quarry Hole — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 28 St + Falls Rd St., 12-7 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence A Smith — If U. S. Veteran specify WAR .....

(a) Residence: No. 2808 Fox St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 6th 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Charlotte Co Va

MOTHER

15. MAIDEN NAME Arbutus Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Williams Epsteen
(Address) 2800 Fox St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date June 18 1936

19. UNDERTAKER Archibald L Haddix
(Address) 2111 Mt Auburn St.

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	6-15-36

Other contributory causes of importance: —

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-15 1936

Where did injury occur? Quarry Hole + Falls Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Abandoned Quarry

Manner of injury Drowning

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Coroner M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 24989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24989

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Newland Rd St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Eliza Pyzer

(a) Residence: No. 3513 Newland Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Henry Pyzer

6. DATE OF BIRTH (month, day, year) Aug 30 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Delta, Pa

FATHER

13. NAME John Barnett

14. BIRTHPLACE (city or town) (State or country) Delta Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John B Pyzer

(Address) 3513 Newland Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Delta Pa Date 6-20 1936

19. UNDERTAKER Albert E Wilt

(Address) 1604 Edmondson Ave

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to June 18 1936

I last saw h.r alive on June 17 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The prinripal rause of death and related rauses of importance were as follows:

	Date of onset
Pneumonia Bronchitis	

Other rontributory rauses of importance:

Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external rauses (violenre) fill in also the following:

Arrident, suirride, or homirride? ..... Date of Injury ..... 19 .....

Where did injury ocrur? ..... (Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to ocrupation of deceased? No If so, specify .....

(Signed) E. Howard Towilla M. D.

(Address) 817 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

JUN 19 1936

F 24990 F 24990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Hanover St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Slick

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1323 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lula M. Slick

6. DATE OF BIRTH (month, day, year) Aug 23rd 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	9	24	/

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Va. Barrel Co

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Fremont Ohio

FATHER

13. NAME Edwin Slick

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Ella Williams

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Lula Slick

(Address) 1323 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 20 1936

19. UNDERTAKER Wm. Bott

(Address) 1207 St Paul St

20. FILED JUN 19 1936 ~~Registrar~~ [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936, to June 17, 1936

I last saw him alive on June 17, 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis, bronchial asthma, chronic valvular disease of the heart	?
Other contributory causes of importance: Broncho-pneumonia (hypostatic)	6/16/36

Was an operation performed? no Date of - - -

For what disease or injury? - -

Name of operation - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 24991

F 24991 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 363 Evesham Ave. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (Anna) Anna E. Schwartze

If U. S. Veteran specify WAR No Record

(a) Residence: No. 363 Evesham Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of James V. Schwartze

6. DATE OF BIRTH (month, day, year) Feb 26th 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John W. Schwartze

(Address) 363 Evesham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 20th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible]

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to June 17 1936

I last saw him alive on June 17 1936 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	June 11
Other contributory causes of importance: Senile Debility. Indeterminate	
Myocarditis Chol-Cystitis Nephritis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos B Lemmon, M. D.

(Address) 1154 Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 N. Patterson Pk. Ave St., 8-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry D. McKewen — If U. S. Veteran specify WAR .....

(a) Residence: No. 2410 E. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Trucks 20 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Francis D. McKewen

14. BIRTHPLACE (city or town) Phila.
(State or country) Pa.

MOTHER

15. MAIDEN NAME Ella V. Buzzile

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Francis D. McKewen Jr.
(Address) 2410 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Lawn Date 6/20/36 19

19. UNDERTAKER Philip Henrig Sons
(Address) 2016 Eastern Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S A

JUN 19 1936

F 24993

F 24993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy V. Granruth

If U. S. Veteran specify WAR

(a) Residence: No. 839 W. 36th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Granruth

6. DATE OF BIRTH (month, day, year) Aug. 26/1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wilbert Kelly

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bertha Wallace

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward Granruth (Hus.)
(Address) 839 W. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 19 1936

19. UNDERTAKER Tilly & Zeiler Inc.
(Address) 407 S. Wolfe St.

20. FILED JUN 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 16/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from incomplete abortion	

Other contributory causes of importance: Possibly self induced

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. M. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

V S 6

N.B.—WHITE CLEARLY, WITH INK AND IN BLOCK LETTERS. THIS IS A LEGAL DOCUMENT AND MUST BE FILLED OUT COMPLETELY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 24994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 24994

34-E-107-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jesse Gosnell

(a) Residence: No. 835 Eutaw Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-4-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 19 34

19. UNDERTAKER Albert W Bleezey
(Address) 440 E mad Ave

20. FILED ..... 19 .....
Registrar.

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1936 to 6/17, 1936

I last saw him alive on 6/17, 1936 Death is said to have occurred on the date stated above, at 8 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1wk.
C.N.S. syphilis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reyer, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

F 24995 F 24995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 72-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Lehman

(a) Residence: No. 426 S. Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-24-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ansel B.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Esther Hirsch

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Friendship Date 6/19/36

19. UNDERTAKER Clark Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED 19
Registrar

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1936 to 6/18, 1936

I last saw him alive on 6/18, 1936 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic lymphoid Leukemia	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

F 24996

F 24996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2307 Annapolis Rd ST 25-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant girl of John A Jr & Doris Foerster

(a) RESIDENCE NO. 2307 Annapolis ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 18 1936

7 AGE	Years	Months	Days	If LESS than 1 day / 24hrs. or ..... min.
			/	

8 OCCUPATION OF DECEASED ✓ none

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John A Foerster Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Doris A Doughty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Millerton N J

14 Informant (Address) John A Foerster Jr 2307 Annapolis Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1936

17

I HEREBY CERTIFY, That I attended deceased from June 18 '36 to June 18 '36

that I last saw h[illegible] alive on June 18 '36

and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

5 hrs

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

Address June 18 '36 2410 Back Bay

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: 6/19/36

20 UNDERTAKER: Geo. L. Beyer Jr — ADDRESS: N. Howard St

JUN 19 1936

SPACE PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. No. 12511

F 24997 ✓ F 24997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward) 27-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary E. Pott

(a) Residence: No. 4126 Marx Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Henricus L. Pott

6. DATE OF BIRTH (month, day, year) April 22nd 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Ender

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Bahlke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henricus L. Pott
(Address) 4126 Marx Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Date June 22nd 1936

19. UNDERTAKER J. H. Tschopp & Bros
(Address) North Fremont Ave

JUN 19 1936 19... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to June 17, 1936
I last saw her alive on June 17, 1936 Death is said to have occurred on the date stated above, at 5 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular renal disease	
Other contributory causes of importance: Broncho pneumonia	June 16, 36

Name of operation ... Date of —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Theodore Boss, M. D.
(Address) Franklin Square Hosp.

F 24998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

F 24998

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 27-14 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Mary Kuehn

(a) Residence: No. 506 Winslow Rd, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	0	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Herman Kuehn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lizette Metzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Roland Hurst
Address) 3033 Able Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 19. 1936

19. UNDERTAKER Wm J Tucker & Son
(Address) North + Penna Aves
Huntington Williams, Md

FILED JUN 19 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above, 2.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jun 15th-36	
Fractured Skull?	
brain hemorrhage	

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury ....., 19.....

Where did Injury occur? Baltimore Md,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home

Manner of Injury Fell down stairs

Nature of Injury Fractured skull ? brain hemorrha

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave,

F 24999 ✓ F 24999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Jefferson St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luanda Banks Johns Wheeler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1228 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Elsworth Wheeler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 - 6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME William Banks

14. BIRTHPLACE (city or town) (State or country) Balto. city

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto. city

17. INFORMANT Nannie Johns

(Address) 1229 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Calvary Cemetery Date 6/21 ..., 36

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

20. FILED ..... 19..... Registrar

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 36 to June 18, 1936

I last saw h er alive on June 18, 1936 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	
Other contributory causes of importance:	
apoplexy	8 days

Was an operation performed? No Date of .....

For what disease or injury? 120

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J Edward Fisher M. D.

(Address) 1612 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 25000 ✓ F-25000

[redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE [redacted]

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Harlem ave - St., 16-5 Ward)

Length of residence in city or town where death occurred 83 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Brown.

(a) Residence: No. 2322 Harlem ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Brown

6. DATE OF BIRTH (month, day, year) Sept. 1-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... ptd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patt. Michelson

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Louisa Johnston

16. BIRTHPLACE (city or town) (State or country) Md,

17. INFORMANT Meldvin Schlup

(Address) 2322 Harlem ave -

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 19- 1936

19. UNDERTAKER Henry H. Wittke

(Address) [redacted] Washington Blvd

20. FILED ... Registrar.

JUN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16-, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932 to June 16, 1936

I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 11.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteris - sclerosis	May 1932
Myocarditis and	May 1932
Cerebral hemorrhage	June 15-36

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry H. Wittke M.D.

(Address) 1203 W. Fayette St.

F 25001 ✓ F 25001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Doherty

(a) Residence: No. 434 Pitman Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Doherty

6. DATE OF BIRTH (month, day, year) 9-19-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME James Moran (deceased)

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cahill (deceased)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date June 20 1936

19. UNDERTAKER Leonard J. Ryck
(Address) 5305 Harford Rd.

JUN 19 1936 Burlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1936 to 6/18, 1936

I last saw her alive on 6/18, 1936 Death is said to have occurred on the date stated above, at 8:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1wk.
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 25002 ✓ F 25002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hosp. 16-5 121 Registered No.

CITY OF BALTIMORE: (No. Balto. Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Elmer W Doty (Elmer Willard Doty) If U. S. Veteran specify WAR

(a) Residence: No. 909 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenora Etchison Doty

6. DATE OF BIRTH (month, day, year) July 9, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R.Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) Knoxville (State or country) Maryland

FATHER

13. NAME Abner D. Doty

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane E. Porter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Hart Etchison
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jefferson, Md. Date June 21, 1936

19. UNDERTAKER [illegible]
(Address) 1005 W. Baltimore St.

[illegible] 19 [illegible] Registrar.

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1936 to 6-18, 1936

I last saw h[im] alive on 6-18, 1936 Death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	6-4-36
General peritonitis	6-6-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-7-36

For what disease or injury? Ruptured appendix

Name of operation Appendectomy Date of 6-7-36

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Kemp, M. D.

(Address) Bon Secours Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F.M. 25003

1031 11 F. 25003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel St., 4th (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lester I. Heyman

If U. S. Veteran specify WAR .....

(a) Residence: No. St Louis, Mo. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 808

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Louis (State or country) Mo.

FATHER

13. NAME Jacob Heyman

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Jack Lewis Inc.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Louis, Mo Date 6/19/36 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 1839 E. Baltimore St. Huntington Williamson, W. Va.

JUN 19 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alvin B. Wallace M. D.

Coroner

(Address) 1031 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V 56

F 25004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25004

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH — Registered No. 12753

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Posey

(a) Residence: No. none St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Potters Field School Date June 19 1936

19. UNDERTAKER (Address)

FILED JUN 19 1936 Huntington Williams M.D.

2388

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19, to 6/16, 1936

I last saw him alive on 6/16, 1936 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/2/36
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25005

25005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 25 Ward)

Length of residence in city or town where death occurred N.B. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. 1822½ N. Charles St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	N.B.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-13-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City Hospt

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date June 19 19[illegible]

19. UNDERTAKER Commissioner of Health
(Address)

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1936 to 6/16, 1936

I last saw h[illegible] alive on 6/15, 1936 Death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irving Rosenbaum Dr. M. D.

(Address) Balto City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

147

JUN 19 1936

[illegible]

2389

F 25006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25006

✓119

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 days yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. 1631 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-18-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Benaman

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Dorothy Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H.U. Med School Date June 19, 1936

19. UNDERTAKER Commissioner Health.
(Address) For Wm. S. Gorsuch

20. FILED 19 [illegible]

JUN 19 1936

239

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to June 17, 1936

I last saw him alive on June 16, 1936 Death is said to have occurred on the date stated above, at 1 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	5-18-36
Other contributory causes of importance:	
Septic Diarrhea	5-30-36
Cardiosis	"

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Catherine Ekelle M. D.

(Address) Baltimore City Hospitals

F 25007

F 25007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Loretta ave St. H-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie V. Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1912 Loretta ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Jackson

6. DATE OF BIRTH (month, day, year) Dec. 23 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 21-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Peter Jones

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Henrietta Warfield

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Walter Jackson
(Address) 1912 Loretta ave

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Park Date 6/20/36

19. UNDERTAKER Mrs. George F. Holland
(Address) 1631 Druid Hill Ave

20. FILED 19 JUN 19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22 1936 to June 17 1936

I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 3.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Coronary Artery.	6/12/36
On March 22-1936 patient took 5 cap fuls Strych. Sulphate and Acid Ars mon pil 8 hrs apart 1/60 —	
Other contributory causes of importance: Impairing Left heart 78 to 136 t 40 yrs Arterio Sclerosis — 14 yrs Cong Cardiac Enlargement.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pressbury ave St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25008

F 25008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W. Biddle St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Yates

If U. S. Veteran specify WAR .....

(a) Residence: No. 217 W Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthews

6. DATE OF BIRTH (month, day, year) Dec. 6-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 74	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Benjamin Fountain

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Leah ?

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Richardson (Address) 217 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Rustin Date 6/21/36 19

19. UNDERTAKER Mrs. George H. Collins (Address) 1638 Druid Hill Ave

20. FILED JUN 19 1936 Hampton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY That I attended deceased from June 12 1936 to June 18 1936

Last saw h[illegible] alive on June 17 1936 Death is said to have occurred on the date stated above, at 6.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	June 12 1936
Other contributory causes of importance:	
arteriosclerosis	Uncertain

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Taylor Cohen M. D.

(Address) 1535 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25009

25009 3146949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 509 Oxford St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6. DATE OF BIRTH (month, day, year) [redacted] - 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maid 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jack Stich

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT JOHNS HOPKINS HOSPITAL

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6/20/36

19. UNDERTAKER Wm. George H. Holland

(Address) 1401 Druid Hill Ave

[illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 17, 1936

I last saw her alive on June 17, 1936 Death is said to have occurred on the date stated above, at 3 15 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myeloid Leukemia	Jan 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? U.S. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph J. Sudler, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 19 1936 [illegible] M.D.

M. D. B. 1268-9

F 25010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25010

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 McCulloh St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R Raisin

If U. S. Veteran specify WAR

(a) Residence: No. 1417 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha J. Raisin

6. DATE OF BIRTH (month, day, year): March 11, 1881

7. AGE: 55 Years | Months: 3 | Days: 6 | If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter at Shooting Club

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 5070

12. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

FATHER

13. NAME: Raisin

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Martha J. Raisin

(Address) 1417 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 6/20/36, 19

19. UNDERTAKER: Mrs Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED: JUN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hays Coroner, M. D.

(Address) 1216 Wanamaker

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 25011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25011

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Frederick Ave 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Eva Carlton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2119 Frederick Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Carlton

6. DATE OF BIRTH (month, day, year) April 24-1856

7. AGE Years	Months	Days 24	If LESS than 1 day, ... hrs. or ... min.
80	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Abel Bemis

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Roelaine Weight

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Willis Carpenter

(Address) 2119 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 22 1936

19. UNDERTAKER George L. Gehnat

(Address) 2101 Frederick Ave.

UN 19 1936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936 to June 18, 1936

Last saw her alive on June 18, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1936
Other contributory causes of importance: Age: Arteriosclerosis	several years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Stuart C. Black, M. D.

(Address) Med. Arts Bldg.

F 25012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25012

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W. University Pkway Ward)

Registered No. 12-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Stuart Brown

If U. S. Veteran specify WAR

(a) Residence: No. 106 W. University Pkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Nov. 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Edinburg Scotland

MOTHER

15. MAIDEN NAME Agnes Kennedy

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Miss Mary E. S. Lewis.

(Address) 106 W. University Pkway

18. BURIAL, CREMATION, OR REMOVAL

Place Shamokin Pa. Date June 20 1936

19. UNDERTAKER Wm. Fickes Sons

(Address) North & Pa Aves.

20. FILED JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 20th 1936 to June 18th 1936

I last saw h alive on June 18th 1936 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiac insufficiency	16 mo.
Other contributory causes of importance. Arterio sclerosis	5 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas J. Keller M. D.

(Address) 722 W. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 19 1936

F 25013

F 25013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 22-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Harriet M. Rook

If U. S. Veteran specify WAR

(a) Residence: No. 449 E. 28th St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Rook

6. DATE OF BIRTH (month, day, year) Aug. 11.1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Connecticut

FATHER

13. NAME Henry Feltham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Penelope Chapman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Frederick Feltham (Brother)

(Address) 449 E.28th St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Windsor Locks, Conn. June 19.1936
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC.

(Address) Baltimore & Broadway.

JUN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18.1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936 to June 18, 1936

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Mediastenum	5/8/36
Other contributory causes of importance: Carcinoma of tongue.	1/1/35

Was an operation performed? Yes Date of Aug. 1935

For what disease or injury? Carcinoma of Tongue

Name of operation Removal of Carcinoma Date of Aug. 1935

What test confirmed diagnosis? D Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Levy M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

25014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25014

CERTIFICATE OF DEATH

✓97

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1734 S. Jackson St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank L. Imhoff

(a) RESIDENCE NO. 1734 S. Jackson St. Ward No War Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Katherine Imhoff

6 DATE OF BIRTH (month, day, and year): Mar 30th 1860

7 AGE: Years 76 Months 2 Days 18 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer): Foundry

(c) Name of employer: Bartlett Hayward Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John George Imhoff

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baden, Germany

12 MAIDEN NAME OF MOTHER: Eva Elizabeth Lochbochler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: G. Edward Imhoff

(Address): 762 Poplar Grove St

JUN 19 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 1936

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to June 18, 1936, that I last saw h[illegible] alive on June 18, 1936, and that death occurred, on the date stated above, at 2 40 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ... yrs. ... mos. 16 da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Sidney H. Streett M. D.

6/18 1936 (Address) 441 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 6/22 1936

20 UNDERTAKER: [illegible] Cook — ADDRESS 121 N Paul St

F—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 25015

F 25015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 W. Fairmount Ave. St., 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Lee Schultz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1921 W. Fairmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schultz

6. DATE OF BIRTH (month, day, year) Jan. 24, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home nil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George W. Lyons

14. BIRTHPLACE (city or town) Calvert Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Harrison

16. BIRTHPLACE (city or town) Calvert Co. (State or country) Maryland

17. INFORMANT George W. Lyons (Address) 2907 Ellicott Drive

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 6/20, 1936

19. UNDERTAKER Wm Cook (Address) 1212 E Baltimore St

20. FILED JUN 19 1936, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Between 1 P. M. and	
Suicide by illuminating gas 3 P. M.	

Other contributory causes of importance:

Chronic myocarditis & Obesity

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Gas Poison, Rubber tube

Nature of injury turned gas jet on & laid on pillow

24. Was disease or injury in any way related to occupation of deceased? Nok If so, specify .....

(Signed) Thos. H. Pilchyn Coroner M. D.

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

25016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25016

CERTIFICATE OF DEATH

14652 ✓ 95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1928 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mangum

(a) Residence: No. 2339 McElderry St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 4-10-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hyattsville Md Date 6/19/36

19. UNDERTAKER F. Gasch Sons
(Address) Hyattsville Md

20. FILED JUN 19 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1936 to 6/19, 1936

I last saw him alive on 6/19, 1936 Death is said to have occurred on the date stated above, at 1.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	Unknown
Myocardial Insufficiency	4 weeks ago

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical + Pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? A Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25017 F 25017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hazelton Mecham

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1823 Guilford Ave St., Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Carrie Belle Mecham

6. DATE OF BIRTH (month, day, year) July 8, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Abel F. Mecham

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Hazelton

16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine E Date June 21st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED JUN 20 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to June 20, 1936

I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 12 38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia, left	6-16-36
Intestinal obstruction	

Other contributory causes of importance:

Bronchial pneumonia	6-19-36

Was an operation performed? Yes Date of 6-17-36

For what disease or injury? Strangulated Hernia

Name of operation Inguinal herniaplasty Date of 6-17-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. M. Copeland M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s 3

M. D. B. 1268-A

F 25018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25018

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Maryland St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa G. Lumpkin

If U. S. Veteran, specify WAR. No Record

(a) Residence: No. 2632 Maryland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): about 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: Dr Thos Lumpkin

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: E. Virginia S. Lumpkin

(Address): 2632 Maryland St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: June 20 19 36

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

JUN 20 1936 Huntington W. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Sudden death	?

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. H. Gradwohl M. D. Coroner

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

F 25019

F 25019 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V46-F

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp 9-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie Slinkman

(a) Residence: No. 1643 Wilkens Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Slinkman

6. DATE OF BIRTH (month, day, year) July 28, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Shephardstown, W.Va.

FATHER

13. NAME John Staly

14. BIRTHPLACE (city or town) (State or country) W.Va.

MOTHER

15. MAIDEN NAME Virginia Smurr

16. BIRTHPLACE (city or town) (State or country) W.Va.

17. INFORMANT Herbert S. Slinkman
(Address) 9 Wincrest Ave, Hyattsville

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 22, 19 36

19. UNDERTAKER Frederick A. Dole
(Address) 800 W. Lombard St

20. JUN 20 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to June 18, 1936
I last saw her alive on June 18, 1936 Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	
Other contributory causes of importance:	
Chronic myocarditis	

Name of operation Cholecystduodenotomy of 6-18-36

What test confirmed diagnosis? Op. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Theodore Boss, M. D.
(Address) Franklin Square Hosp.

16

F 25020 F 25020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Brantley St., 16-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Selma Johns Morris If U. S. Veteran specify WAR

(a) Residence: No. 1035 Brantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 26-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME (Mc)Tavens Morris

14. BIRTHPLACE (city or town) (State or country) Northumland Co. Va

MOTHER

15. MAIDEN NAME Helen Johns

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Helen Morris
(Address) 1035 Brantley St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem June 22 1936

19. UNDERTAKER Francis A Pumphrey
(Address) 578 N Biddle St

JUN 20 1936

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) June 19 1936

21. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to June 19 1936

I last saw h[illegible] alive on June 19 1936 Death is said to have occurred on the date stated above, at 2.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	June 1 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B N Valentine M. D.

(Address) 1725 Pa Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 25021 F 25021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 W Franklin St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Howard

If U. S. Veteran specify WAR .....

(a) Residence: No. 825 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edtha Howard

6. DATE OF BIRTH (month, day, year) Dec 22 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred Howard

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md

MOTHER

15. MAIDEN NAME Sophie Nelson

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md

17. INFORMANT Mary Thompson

(Address) 825 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date June 22 1936

19. UNDERTAKER Frances A Stanley

(Address) 578 N Biddle St

JUN 20 1936 Huntington Ave. Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17 1936 to June 19 1936

I last saw him alive on June 19 1936 Death is said to have occurred on the date stated above, at 1130 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 15 1936
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Tilley M. D.

(Address) 1517 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 25022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25022

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Penrose Ave. St. 701 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Grese

If U. S. Veteran specify WAR .....

(a) Residence: No. 1901 Penrose Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christine Grese

6. DATE OF BIRTH (month, day, year) Mar 24 - 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	2 1/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1900

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packer Drugs

10. Date deceased last worked at this occupation (month and year) 1900 Total time spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Casper Grese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Popp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Grese
(Address) 1901 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 22 1936

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1910 Eastern Ave

20. FILED JUN 20 1936 19 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to June 19, 1936

I last saw him alive on June 18 1936 Death is said to have occurred on the date stated above, at 1:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yrs
Myocarditis	one

Other contributory causes of importance:

Toxemia	3days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj. A. McCleary . M. D.

(Address) 400 N. Payson St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25023

F 25023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Kimble Road St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Samantha M. Rowe

(a) Residence: No. 3609 Kimble Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~ Widowed	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chauncey K. Rowe

6. DATE OF BIRTH (month, day, year) Nov. 17. 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Wm. K. Mitchell

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Jane Sheardown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mina R. Fraser

(Address) 3609 Kimble Road

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul Minn. Date June 22, 1936

19. UNDERTAKER John Oldefield & Sons

(Address) 1900 Eutaw Place

20. FILED JUN 20 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 19 36 to June 19 19 36

I last saw her alive on June 18 19 36 Death is said to have occurred on the date stated above, at 5 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 15 36

Other contributory causes of importance:

Hypertension General Arterio-sclerosis - Senility

Was an operation performed? ..... Date of .....

For what disease or injury? No -

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Austin F. Robinson M. D.

(Address) Medical Arts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 25024

F 25024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Springwood Ave, St., 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ella Grayson

(a) Residence: No. 4210 Springwood Ave. St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis W. Hamsel

6. DATE OF BIRTH (month, day, year) April 5th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden New Jersey

FATHER

13. NAME William Moffett

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Edward Bradley
(Address) 4210 Springwood Ave

18. BURIAL, CREMATION OR REMOVAL
Mt. Carmel Cem. Date June 22 19 36

19. UNDERTAKER Frederick Eastham & Sons
(Address) 1401 Edmondson Ave

Huntington Hathaway
Registrar

JUN 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1935 to June 19 1936

I last saw her alive on June 17 1936 Death is said to have occurred on the date stated above, at 8.0A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1
Interstitial	

Other contributory causes of importance:

Chronic Interstitial Nephritis & High Blood Pressure	1928

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon Gunnemann M. D.

(Address) 2858 Hartford Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 25025

F 25025 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) # 30 N. Fulton Ave St., 20 Ward 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas E. Brady

(a) Residence: No. # 30 N. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S. 3.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella C. Joy Brady

6. DATE OF BIRTH (month, day, year) June 11, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME James H. Brady

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rose Ann Golden

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Ella C. Brady

(Address) # 30 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6 / 22 / 1936

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED ..... 19..... Registrar.

Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 19 / 1936

22. I HEREBY CERTIFY, That I attended deceased from January 15th 1933 to June 19th 1936

I last saw h... alive on June 19 1936 Death is said to have occurred on the date stated above, at 10.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obliterative endarteritis	1933
Other contributory causes of importance: Arteriosclerosis	1932
Chronic Interstitial Nephritis	1935

Name of operation Cystoscopic Examination Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Wm. Sheehan M. D.

(Address) 1201 Fletcher Street

F.D. 25026

F 25026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 46cv

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2437 Callow Ave. St., Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara B. Kahn

(a) Residence: No. 2437 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ludwig Kahn

6. DATE OF BIRTH (month, day, year) July 16, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Blankenberg.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helena Gump

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Morton Fleischer,
(Address) 3401 Taney Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Cem June 21, 1936

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

JUN 20 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to June 19, 1936

I last saw h[illegible] alive on June 19, 1936. Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	6 mos.
Other contributory causes of importance:	
General metastasis	1 mo.

Name of operation None Date of

What test confirmed diagnosis? X Ray Ex. & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Frederick Lentz, M. D.

(Address) Temple Garden Apts.

N. B.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25027

F 25027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Reisterstown Rd. 28-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Henry A Flaggs.

If U. S. Veteran specify WAR .....

(a) Residence: No. 6000 Reisterstown Rd St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernice A Flaggs.

6. DATE OF BIRTH (month, day, year) July 11 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm A Flagg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bernice A Flaggs
(Address) 6000 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 20 1936

19. UNDERTAKER Wm McClellan Sons
(Address) North & Fremont Sts

[illegible] Registrar.

JUN 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13. 1936 to June 17. 1936

I last saw him alive on June 17. 1936. Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1934
Uraemia	

Other contributory causes of importance:

Duration of Epilepsy 1934
Chronic Interstitial Nephritis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Cassell M. D.

(Address) 3907 Yuma Ave

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25028

F 25028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 W. North Ave St., 15-6 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. James

If U. S. Veteran specify WAR

(a) Residence: No. 2717 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm L. James.

6. DATE OF BIRTH (month, day, year): Apl. 27, 1862

7. AGE: Years 74 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Phila, Pa

FATHER

13. NAME: Wm Clark

14. BIRTHPLACE (city or town) (State or country): Phila. Pa.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr Raymond James.
(Address) Columbus. Ohio.

18. BURIAL, CREMATION, OR REMOVAL: London Park Date June 22 1936

19. UNDERTAKER: Wm Mitchell Sons
(Address) North & Eutaw

Registrar.

JUN 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1936 to June 19th, 1936

I last saw her alive on June 17th, 1936 Death is said to have occurred on the date stated above, at 11.25a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	Aug. 35
	about
Other contributory causes of importance: Pulmonary Edema	6/16/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. S. Silverhorst, M. D.

(Address) 1901 Eutaw Place

V

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25029

3147

F 25029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL. Registered No.

CITY OF BALTIMORE: (No. St. 10-Z Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Somerville If U. S. Veteran specify WAR

(a) Residence: No. 916 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 11/16/05

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Lion Lightfoot

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem., Date June 20 1936

19. UNDERTAKER Mrs. Fred A. Elliott-daughter

(Address) 1129 N. Caroline St.

Baltimore Md.

20. FILED JUN 20 1936, 19 Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936 to June 16, 1936

I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6-8-36
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph T. Laclede M. D.

(Address) Johns Hopkins Hospital

F 25030 F 25030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md Hospital 3051 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Boy Jenkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 538 N. Bilie St., (Parent's address)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) June 17, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 20 hrs. 38 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant Md

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant Md

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) University Hospital Baltimore Md.

FATHER

13. NAME Algernon M. Jenkins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ethel Evelyn Groves

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date June 20, 1936

19. UNDERTAKER .....

(Address) Par. Dir. Hospital

JUN 20 1936

2393

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 18, 1936

I last saw him alive on June 18, 1936. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Prematurity (35 wks.)	

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Warren Wheellayer, M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25031

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Wilson.

If U. S. Veteran specify WAR

(a) Residence: No. 732 Pierce St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Robert Wilson

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Lola Finney

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date June 20. 1936

19. UNDERTAKER
(Address)

JUN 20 1936

2392

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 19, 1936

I last saw h[illegible] alive on June 19, 1936 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schutzel, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN—THIS IS A PERMANENT RECORD. EVERY ITEM of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

149

F 25032 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25032

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1917 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Thomas or Russell T. Whitney

(a) Residence: No. 3518 Philadelphia Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Sep)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-1-97

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME William (D)

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Clarabelle Star

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Three Oaks Mich. Date June 20 1936

19. UNDERTAKER Philip Herwig Sons
(Address) 2000 Eutaw St

20. FILED [illegible] Registrar.

JUN 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/3/1936 to 6/19/1936

I last saw him alive on 6/19/1936 Death is said to have occurred on the date stated above, at 12 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Coronary occlusion	3 wk(s)
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A. Reiter M. D.
(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 25033

F 25033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 N Central ave St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Minacapelli

If U. S. Veteran specify WAR .....

(a) Residence: No. 1214 N Central Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	—	—	9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — (none)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Santo Minacapelli

14. BIRTHPLACE (city or town) (State or country) Johnstown Pa

MOTHER

15. MAIDEN NAME Angelina Livolsi

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Santo Minacapelli

(Address) 1214 Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Vincents Date June 20 1936

19. UNDERTAKER George [illegible]

(Address) [illegible]

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler M. D.

Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25034

F 25034 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. General Hospital

CITY OF BALTIMORE: (No. Dukeland and Payson St., ... Ward)

Registered No. 123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Miller

(a) Residence: No. 648 Payson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 23, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/16

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. W. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary A. Morriss

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Mary A Miller

(Address) 648 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Westo Date 6/23 19 36

19. UNDERTAKER Harry A. Sulfas

(Address) 4101 Edmondson Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/13/36 . 19 ... to 6/19/36 . 19 ...

I last saw him alive on 6/15/36 . 19 ... Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningetis	
Tuberculous Lungs	
Other contributory causes of importance:	
Abdominal Tuberculosis	

Name of operation ... Date of ...

What test confirmed diagnosis Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. Alessi M. D.

(Address) West Balto Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46-7

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Alesi

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 S Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 11-26-89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none ado

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominico Alesi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 22 1936

19. UNDERTAKER Harry H. Weitzle

(Address) 4101 Edmondson Ave

20. FILED [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936 to June 19, 1936

I last saw him alive on June 19, 1936. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	2-1-36
Jaundice and Hepatitis	
Respiratory failure	

Other contributory causes of importance:

Cachexia and malnutrition.

Was an operation performed? yes Date of Jan 1936

For what disease or injury? Obstruction

Name of operation Cholecystgastrostomy Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Fred Lemley M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNDERTAKER'S COPY

25036 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25036

CERTIFICATE OF DEATH

34-E-92-2

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Witzke

(a) Residence: No. 1027 Watson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin Witzke

6. DATE OF BIRTH (month, day, year): 8-7-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Owen Dorer (deceased)

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Elizabeth Nighoff

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: June 20, 1936

19. UNDERTAKER: Harry H. Weitzke
(Address): 4101 Edmondson Ave.

20. FILED ..... 19 .....

JUN 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19..., to 6/18, 1936

I last saw her alive on 6/18, 1936 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. N. S. syphilis.	?
Aortic insufficiency	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Baltimore City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25037

25037 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

XV/37

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Daniel Wittig

If U. S. Veteran specify WAR .....

(a) Residence: No. Franciscan Monastery Wash. D. C. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W. Lowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Lucinda Wittig

6. DATE OF BIRTH (month, day, year) June 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 9 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Wittig

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Elder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT J. Ralph Wittig

(Address) 2219 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date June 20, 1936

19. UNDERTAKER Tuckle & Conlon

(Address) 641 - H. St. N.E. Wash. D.C.

20. Date received ... 1936 ... Registrar.

N 20 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/20/36, 19..., to 6/20/36, 19...

I last saw h. alive on 6/19/36, 19... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Other contributory causes of importance: Secondary Hemorrhage	

Was an operation performed? Yes Date of 6/9/36

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Supra Pubic Prostatectomy Date of 6/9/36

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. A. Sedlacek, M. D.

(Address) Bon Secours Hosp.

F 25038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25038

CERTIFICATE OF DEATH 14686

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1882 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Clancy

(a) Residence: No. 907 E Biddle St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget A. Duggan

6. DATE OF BIRTH (month, day, year) 3-4-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned 20 do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. States Dept. City of Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Clancy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Munnion

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Cemetery June 22 1936

19. UNDERTAKER Ehrgott W. Conklin
(Address) 924 E. Eager St.

20. FILED Huntington Williams JUN 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 19, 1936

I last saw him alive on June 19, 1936. Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Bronchopneumonia	4 days ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Lambert M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25039

25039 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Lyndale Ave. St., 8-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Schneider

If U. S. Veteran specify WAR .....

(a) Residence: No. 3417 Lyndale Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schneider

6. DATE OF BIRTH (month, day, year) Jan 15. 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros Co

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Ludwig Schneider

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Wambach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Caroline E. Schneider

(Address) 3417 Lyndale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 22. 1936

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St

UNDERTAKER'S LICENSE No. [illegible]

JUN 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10 1934 to June 20 1936

I last saw him alive on June 20 1936 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Cortic Insufficiency	3 yrs.
Arterial Hypertension	2 yrs.
Causal Arteriosclerosis	2 yrs.
Other contributory causes of importance:	
Cardiac Decalation	7 Days
	2 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Crawford M. D.

(Address) 1018 E North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F-25040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F-25040

34-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 10 N. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Hall

(a) Residence: No. Md. Penitentiary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT University Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Point Date 6/22/36

19. UNDERTAKER J. J. Raby & Son
(Address) 1218 Light St

[illegible] Registrar.

N 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-13-36, 19..., to 6-15, 1936

I last saw h[illegible] alive on 6-15, 1936 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative thrombosis	6-11-36
Brain tumor	5-1-36

Other contributory causes of importance:

Was an operation performed? yes Date of 6-15-36

For what disease or injury? Brain tumor

Name of operation Bone flap Date of 6-15-36

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Walter Hebert Gerwig Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13442

F 25041 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25041

CERTIFICATE OF DEATH

34-3-92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Christian

2. FULL NAME Chrisitan Gross

(a) Residence: No. 806 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Ida

6. DATE OF BIRTH (month, day, year) 6-3-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Stallino (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Moore (Dead)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records Mrs. Symonds
(Address) 1701 E. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 6/22/36

19. UNDERTAKER Howard J. Hoffman
(Address) 4914 Belair Rd

20. FILED JUN 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/1936

22. I HEREBY CERTIFY, That I attended deceased from 4/6/1936 to 6/19/1936

I last saw him alive on 6/19/1936 Death is said to have occurred on the date stated above, at 5 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	8 mo
Aortic insufficiency	?
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Margaret

✓ F 25042

F 25042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret. Raimhild

If U. S. Veteran specify WAR .....

(a) Residence: No. # 1344 Sargeant St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Louis P. Raimhild

6. DATE OF BIRTH (month, day, year) Unknown 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Mrs Burns

(Address) # 1344 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6 / 22 / 1936

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

..... 19 ..... Registrar.

N 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 20 / 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Meningitis (Non Specific)	
Septicaemia	

Other contributory causes of importance:

Fracture L Left Femur

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ? , 19 .....

Where did injury occur? 1344 Sargeant St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down Steps in home

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Chenbey M. D.
Coroner

(Address) 19 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25043

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N. Payson St. 16-4 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 26 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Kroop

(a) Residence: No. 825 N. Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Kroop

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year) 8 00

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lazer Kroop

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Michael Kroop
(Address) Laurel, Md

18. BURIAL, CREMATION, OR REMOVAL Hebrew Woodlawn Date 6-21-36 19

19. UNDERTAKER Joseph Levy & Bro.
(Address) 1439 E. Baltimore St.

20. FILED ..... Registrar.

UN 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to June 19 1936

I last saw him alive on June 19 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	
a Generalized Arteriosclerosis	1925
Cardiac Failure	6 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Eshman M. D.

(Address) 1921 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Neal C. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. Owings Mills Balto. Co. Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 23, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Vernon W. Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mamie R. Shipley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Vernon W. Brown

(Address) Owings Mills

18. BURIAL, CREMATION, OR REMOVAL

Place Deer Park Date June 23 1936

19. UNDERTAKER J. F. Cline & Sons

(Address) Reisterstown Md.

20. JUN 21 1936 Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June, 20, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Head	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide June 20, 1936 19

Where did injury occur? Balto. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road, Balto. Co. Md.

Manner of injury Shot self in Head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Bosley Thomas M. D.

Coroner

(Address) 2757 N. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 25045

F 25045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Calverton Heights Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles L. Lowry,

(a) Residence: No. 2418 Calverton Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca M. Lowry,

6. DATE OF BIRTH (month, day, year) October 8. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statiscal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O.R.R. 0009

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 37 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William P. Lowry.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Sewell.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Rebecca M Lowry

(Address) 2418 Calverton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date JUN 22 1936

19. UNDERTAKER Lee H. Sollo

(Address) 2700 Edmondson Ave.

JUN 24 1936

Registrar

#74

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 19 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936 to June 19, 1936

I last saw him alive on June 19 1936. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 yrs
Arteio Sclerosis	?
Other contributory causes of importance: Acute Cardiac Dilatation	45 min

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo F. Wiesing, M. D.

(Address) 4000 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25046

25046 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Keswick Road St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie W. Gale

If U. S. Veteran specify WAR .....

(a) Residence: No. 3917 Keswick Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widow d, or divorced HUSBAND of (or) WIFE of John Walker Gale

6. DATE OF BIRTH (month, day, year) April 13 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchandize Own Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation about 23 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles W. Lilly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Virginia Fesler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J. Walker Gale

(Address) 3917 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date June 22. 1936

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North ave

Huntington Williams

FILED JUN 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/36

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to June 19, 1936

I last saw her alive on June 19, 1936 Death is said to have occurred on the date stated above, at 8-30 m PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	5/27/36
Other contributory causes of importance: Myocardial mottling	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25047

F 25047

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) N 13 Hanover St. 23-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Corbett

(a) Residence: No. N 13 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie Wolf Corbett

6. DATE OF BIRTH (month, day, year) June 29 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Cabt Lock Co

10. Date deceased last worked at this occupation (month and year) March 1928

11. Total time (years) spent in this occupation 34 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Emanuel Corbett

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

MOTHER

15. MAIDEN NAME Esther Watchman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Rev Charles Corbett

(Address) Thurmont Md

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date June 22, 1936

19. UNDERTAKER Chas. S. Black

(Address) 742 W. Baltimore St.

Huntington Williams, M.D.
Registrar.

JUN 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936 to June 19, 1936

I last saw him alive on June 19, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Coronary Thrombosis

No

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Warren Wachs M. D.

(Address) 827 Light St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25048 ✓ F 25048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmund Sadtler Dickey

If U. S. Veteran specify WAR None

(a) Residence: No. Lutherville (Usual place of abode) Maryland; Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Arline Reese Dickey

6. DATE OF BIRTH (month, day, year) April 18 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Meter Works

10. Date deceased last worked at this occupation (month and year) April 15/36

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles E. Dickey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth J. Sadtler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Arline R. D. Brooks (daughter)

(Address) 309 Northfield Place, Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date June 22/36

19. UNDERTAKER Stewart & Mowen Company

(Address) 109-10 North Eutaw

[illegible]

N 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18th 1936, to June 20th 1936

I last saw him alive on June 19th 1936. Death is said to have occurred on the date stated above, at 3:41 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia; Chronic Vascular Nephritis	
Arteriosclerosis, Generalized	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 25049

F 25049 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. H-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 691 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Campbell

6. DATE OF BIRTH (month, day, year) AUGUST 19, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME Remus Cook

14. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT William Cook

(Address) 691 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date June 21 1936

19. UNDERTAKER Joseph A. Lively

(Address) 419 N. Mount Street

Filed 1936

Registrar.

RNH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1936, to 6-18, 1936

I last saw her alive on 6-18, 1936. Death is said to have occurred on the date stated above, at 6:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic coma	6-17-36
Diabetes mellitus -	1 yr ago
Other contributory causes of importance: Hypertensive cardio-renal disease	1 yr ago

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? N.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. N. Jackson. M. D.

(Address) 600 N. Filington -

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 14982 F 25050 ✓ ~~F 25050~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

F25050

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 87-B

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Lee Brannon If U. S. Veteran specify WAR .....

(a) Residence: No. 51 Station St., ... Ward Shinnston W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-25-25

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	6	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Leland Bennett

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Lillian Yates

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Shinnston W. Va Date 6/21/36 19

19. UNDERTAKER J G Mitchell Sons
(Address) 1900 Eutaw Place Balto

20. FILED JUN 21 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to June 20, 1936
I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture, aqueduct of Sylvius	1932
Lymphosarcoma	
Other contributory causes of importance: over	

Was an operation performed? Yes Date of 6/17/36

For what disease or injury? Cerebellar abscess

Name of operation Cerebellar abscess Date of 6/19/36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H

M. D. B. 1268-9

F 25051

F 25051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Arundel Cove. St. 25-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris K. Tolodziezki. If U. S. Veteran specify WAR .....

(a) Residence: No. 3115 Remley St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) June 25, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	11	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John E. Tolodziezki.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ester Jelly.

16. BIRTHPLACE (city or town) (State or country) Lowell, Mass.

17. INFORMANT Ester Tolodziezki. (mother)

(Address) 3115 Remley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross AA. Date June 22 1936

19. UNDERTAKER Thos. L. Kenny

(Address) 1600 Hollins St.

20. FILED JUN 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
Fall from a scow while crabbing.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 6/19/36

Where did injury occur? Arundel Cove. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of injury Fall overboard.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? .....

If not specify

(Signed) Otto M. Reinhardt M. D. Coroner

6/20/36 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25052

315033

F 25052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Emma Burkhammer — If U. S. Veteran specify WAR .....

(a) Residence: No. Weston, W. Va. St., ... Ward. Hal 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph

6. DATE OF BIRTH (month, day, year) May 15, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46 yrs.	1	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0037

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME A. F. Chipps.

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Clara Wedekam.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Weston W Va Date 6/22/36 19

19. UNDERTAKER Jno. P. Mitchell
(Address) 1900 Eutaw Pl

20. FILED JUN 22 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18th, 1936 to June 21, 1936

I last saw h.. alive on June 21, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, metastatic, melanoma	4 months ago

Other contributory causes of importance:

Was an operation performed? Yes Date of June 20-1936

For what disease or injury? Brain Tumor

Name of operation Left Craniotomy Date of .....

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) David P. Strong Jr. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s 3

25053 F 25053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13846 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-7 Ward) 24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Julian Rzeckowski

(a) Residence: No. 250 S. Ann St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella ~~Pauline~~ Stanelewicz

6. DATE OF BIRTH (month, day, year) July, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Julian ~~Albin~~ Rzeczkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ~~Alberta~~ ? Smolinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 23 1936

19. UNDERTAKER John J. Weber
(Address) 401 E. Fayette St.

20. FILED NOV 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/2, 1936 to 6/20, 1936

I last saw him alive on 6/20, 1936 Death is said to have occurred on the date stated above, at 12 10/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-3 days
Hypertensive Cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Baltimore City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25054

F 25054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

8-6

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1714 N. Regester Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephan Albrecht

If U. S. Veteran specify WAR No

(a) Residence: No. 1714 N. Regester Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Eller Albrecht

6. DATE OF BIRTH (month, day, year) December 24, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	25	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-Highway

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. City. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William A. Albrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina (Kress)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Vernon Evans

(Address) 4138-Eierman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/22/36 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED JUN 22 1936 Attest for Interments, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby, 1936, to June 19, 1936

I last saw h alive on June 18, 1936 Death is said to have occurred on the date stated above, at 2-9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1yr
Cerebral Hemorrhage	3 Days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Book M. D.

(Address) 4137 Washington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 25055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25055

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Priscilla Reynolds

If U. S. Veteran specify WAR ...

(a) Residence: No. 904 Argyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Reynolds

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Levi Carol

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Hawkins

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT Harry Reynolds

(Address) 904 Argyle Ave.

18. BURIAL, CREMATION, OR ~~REMOVAL~~

Place MT Olivet Date 6/22 ... 19 36

19. UNDERTAKER Wm A Jackson

(Address) 916 Lanvale ave

20. FILED JUN 22 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

—

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

—

If so, specify ...

(Signed) Paul Schreiber Coroner . M. D.

(Address) 1912 E. North Ave

M. D. B. 1263-9—WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25056

F 25056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 14655

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 5-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1901 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Reck

(a) Residence: No. 1201 N. Gay St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Charles (D)

6. DATE OF BIRTH (month, day, year) 5-29-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Staultz, (D)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clementine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date June 22 19 36

19. UNDERTAKER Henry Lord (Lord, Inc)
(Address) 1301 E Eager St

FILED JUN 22 1936 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/19, 1936 to 6/19, 1936

I last saw her alive on 6/19, 1936 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal disease	
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25057

F 25057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

25-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 De Sota Rd. St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Elizabeth Shourds

(a) Residence: No. 1015 De Sota Rd. St., ... Ward. ... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Shourds

6. DATE OF BIRTH (month, day, year) June 6, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ? Hartman

14. BIRTHPLACE (city or town) ... (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ... (State or country) Germany

17. INFORMANT John H. Shourds

(Address) 1015 De Sota Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peter Cem Date June 23, 1936

19. UNDERTAKER William Cook

(Address) 1147 St Paul St

Huntington Williams

Registrar.

20. FILED JUN 22 1936, 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above, 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal brain hemorrhage	

Other contributory causes of importance:

Was an operation performed? No, Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury June 20 1936

Where did injury occur? Baltimore City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home

Manner of injury Fell down cellar steps

Nature of injury Fractured skull and pelvis

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ...

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 25058

F 25058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bons Secours Hospital St., 14-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard J. Sullivan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1919 Hollins St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Kahon Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

FATHER

13. NAME Richard T. Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McGinnis

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Annie Keating

(Address) 1919 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W Va Date June 22 1936

19. UNDERTAKER Rogelschatz & Coffman

(Address) Martinsburg W Va

Huntington Pittsburgh, Pa

20. FILED ..... 19 .....

Registrar.

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis About two years	
Coronary thrombosis	
Other contributory causes of importance: Parenchymatous nephritis	

Was an operation performed? no, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 25059

F 25059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Union Ave. St. 13-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lydia E. Myers.

(a) Residence: No. 1015 Union Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A Myers.

6. DATE OF BIRTH (month, day, year) Nov. 16, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0-5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Storms.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Russell A. Myers.
(Address) 1015 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 23, 1936

19. UNDERTAKER Lakenan & Son.
(Address) 3615 Eastern Ave

20. FILED JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to June 21, 1936.

I last saw her alive on June 20, 1936. Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia	
Arterio - Sclerosis	

Other contributory causes of importance:

Acute Cardiac Dilatation	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Irving L. Sittman M. D.
(Address) 1304 E. Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

25060 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25060

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Bon Secours Hospital 16-1 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Tutman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1108 Lamard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 1021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. restaurant & private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lloyd Tutman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Howard T. Tutman

(Address) 2432 Francis St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 23 1936

19. UNDERTAKER Wm. E. Kelly & Son

(Address) 1305 Pennsylvania Ave.

20. FILED ..... 19 .....

for Williamson

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac vascular sclerosis (coronary thrombosis.)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright M. D.

Coroner

(Address) 1010 S. Richmond Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. R. 1268-9

25061 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25061

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Druid Hill St., 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

(Write)

2. FULL NAME Walter Johnson

(a) Residence: No. 2504 Druid Hill ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Johnson

6. DATE OF BIRTH (month, day, year) Oct 12, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 21

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News Va

FATHER

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hazel Johnson

(Address) 2504 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 6/23 '36

19. UNDERTAKER Thos. E. Kelson

(Address) 1422 Pennsylvania ave

JUN 22 1936

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936 to June 19, 1936

I last saw h... alive on June 19, 1936 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	May 4/36

Other contributory causes of importance: PHTHISIS

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. J. Halsey M. D.

(Address) 1422 Pa Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a F 25062

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Division St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Worthington If U. S. Veteran specify WAR

(a) Residence: No. 2125 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Worthington

6. DATE OF BIRTH (month, day, year) ? 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

FATHER

13. NAME Isaac Dyson

14. BIRTHPLACE (city or town) (State or country) St Marys County Maryland

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) St Marys County Maryland

17. INFORMANT Ford Carr
(Address) 2125 Division Street

18. BURIAL, CREMATION, OR REMOVAL
Place St mary's Co md Date June 22 1936

19. UNDERTAKER Thos. E. Kehoe
(Address) 1303 Pressetman St

20. FILED JUN 22 1936, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to June 19, 1936

I last saw h[illegible] alive on June 18, 1936 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	July 36
Bronchopneumonia	July 36

Other contributory causes of importance:

Senility	?
Senility	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Lalor M. D.

(Address) 622 N. Bond Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25063

F 25063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 8-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 N. Washington St., 8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma B. Krebs

(a) Residence: No. 2017 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Krebs

6. DATE OF BIRTH (month, day, year) Oct 5 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Pierce

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME ? unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Theresa Krebs
(Address) 2017 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 22, 1936

19. UNDERTAKER J. B. Siepert & Son
(Address) Baltimore Md.

FILED JUN 22 1936, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to June 20, 1936

I last saw h.er alive on June 19, 1936. Death is said to have occurred on the date stated above, at 11- a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteris-Sclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Cardiac Failure	
Uremia	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreyer, M. D.
(Address) 1919 E. North ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1936

F 25064

J.K. Paul Schacher F 25064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

27-44

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Bayonne Ave. St., ... Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Adam Wirth

(a) Residence: No. 3201 Bayonne Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alma E. Wirth

6. DATE OF BIRTH (month, day, year) Dec. 25, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82 years	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0034

10. Date deceased last worked at this occupation (month and year) 24 yrs.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Joseph Wirth

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Alma Wirth
(Address) 3201 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 21, 1936

19. UNDERTAKER John Aldrich
(Address) 2008 Aliceanna

20. FILED ..... 19 ..... Registrar

JUN 22 1936

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936 to June 19th 1936
I last saw him alive on June 12th 1936 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Gordy, M. D.

(Address) 5106 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25065

F 25065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 142 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Ann Powell

If U. S. Veteran specify WAR

(a) Residence: No. 1704 Madison Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Powell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Bagwell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry Powell

(Address) 1704 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Milburn Date July 22 1936

19. UNDERTAKER Albert H. Stake

(Address) 2529 Frances St.

20. FILED ... 19 ... Huntington Williams, M.D. Registrar.

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D. Coroner

(Address) 2757 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 25066 F 25066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH Tuberculosis Divisbn

CITY OF BALTIMORE: (No. Baltimore City Hospitals 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Reddicks

If U. S. Veteran specify WAR .....

(a) Residence: No. 2573 McCulloh St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith Reddicks

6. DATE OF BIRTH (month, day, year) November 18, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Reddicks

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Rose Shewed

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Apple Grove Mem. Date 6/22/36 19

19. UNDERTAKER Mrs. Geo. N. Rolland

(Address) 1631 Druid Hill Ave

20. FILED JUN 22 1936, 19 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1936 to June 19th, 1936

I last saw him alive on June 19th, 1936 Death is said to have occurred on the date stated above, at 9.40 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Dec. 1932

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur Karlson M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25067 # 11003 F 25067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4-Z Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William West

(a) Residence: No. 408 Lemmon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of natural

6. DATE OF BIRTH (month, day, year) 3-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William West (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/23/36. 19

19. UNDERTAKER Mrs. Ella N. Holland
(Address) 1431 Lewis Hall Ave

20. FILED JUN 22 1936 19 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/1936

22. I HEREBY CERTIFY, That I attended deceased from 11/7/1935 to 6/19/1936

I last saw him alive on 6/19/1936 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	12/7/35
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25068 F 25068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4910 Holdeman St., 27 Ward) 397 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella M. Lindall If U. S. Veteran specify WAR

(a) Residence: No. 4910 Holdeman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Lindall

6. DATE OF BIRTH (month, day, year) Nov. 4-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Joseph Sanders

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alvenda Allman (Address) 4912 Holdeman

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 6/22/36

19. UNDERTAKER Leonard Hirsh (Address) 1205 Hartford Ave

Registrar.

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/36, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to 6/19/36, 19

I last saw him alive on 6/19/36, 19 Death is said to have occurred on the date stated above, at 6.8 m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset

Hypertension

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tyler W. Fadley M. D.

(Address) 5103 Harford Rd

F 25069 F 25069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10829 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Wagner

(a) Residence: No. 1911 N. Patterson Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-19-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/22 1936

19. UNDERTAKER Leonard J. Finch
(Address) 6306 Reisterstown Rd. Pikesville Md.

FILED ..... 19..... Registrar.

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/13 1936 to 6/20 1936

I last saw him alive on 6/20 1936 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 25070

F 25070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 85 Benkert's Ave. St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lollie E. Duncan

(a) Residence: No. 85 Benkert's Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William K. Duncan.

6. DATE OF BIRTH (month, day, year): February 9-1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework — 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William Riley

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: William K. Duncan

(Address): 85 S. Benkert Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cemetery. Date: June 22. 1936

19. UNDERTAKER: Charles J. Schurb.

(Address): 505 N. Monroe St.

20. FILED: Huntington Will, M.D. 19

Registrar

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from November 31 to June 19 1936

I last saw her alive on June 19 1936 Death is said to have occurred on the date stated above, at 10:10 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis & Chronic Nephritis	1928
Cerebral Hemorrhage	Nov. 1931
Cerebral Hemorrhage	June 16, 1936

Other contributory causes of importanre:

Name of operation: None. Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elisa W. Johnson M. D.

(Address) 3432 Frederick Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25071

F 25071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

2. FULL NAME Ludwig Strauss

If U. S. Veteran specify WAR

(a) Residence: No. Sinai Aged Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Henry Jandorf
(Address) 2391 Eutaw Place

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Chevra Shalom Date June 23 . 193

19. UNDERTAKER Baird Sondheimer & Co.
(Address) 1902 Eutaw Place, Huntington Hotel, Inc.

. 19 Registrar.

UN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13 . 1936 . to June 22 . 1936

I last saw h. alive on June 21 . 1936. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Thrombosis of mesenteric artery	
b Cardiac insufficiency 15 c 3	
c Arteriosclerosis 97	
d Hypertension 102	

Other contributory causes of importance:

Chronic cardio-valvular disease 93d
92d aortic insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Saul Strean M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25072 F 25072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 S. Bond Street St. 3-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cyril Kutrik. (Kutryk)

If U. S. Veteran specify WAR

(a) Residence: No. 854 South Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Mary Kutrik

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Daniel Kutrik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Kutrik
(Address) 854 S. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date June 24 1936

19. UNDERTAKER George A. Weber
(Address) 705 South Ann Street

20. FILED 19 Huntington Williams, M.D.
Registrar

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to June 21 1936

I last saw him alive on June 21 1936 Death is said to have occurred on the date stated above, at 8¼ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/18/36
Pulmonary Edema	6/21/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George A. Weber M. D.
(Address) 430 S. Patterson Pk Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 25073

F 25073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 140

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Sinai Hospital Life St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta M. Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 2529 Aisquith St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of Christian L. Stewart

6. DATE OF BIRTH (month, day, year) Feb. 10, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME ~~Christian L Stewart~~ Joseph Reina

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Schriefer

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Christian L. Stewart (Address) 2529 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Date 6/22/36

19. UNDERTAKER J. M. Cook (Address) 1212 E. Fayette St.

20. FILED JUN 22 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Abortion (Self induced)	
Gas bacillus infection	

Other contributory causes of importance: Pregnancy

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1919 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

25074 F 25074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. /..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John T. Haines — If U. S. Veteran specify WAR

(a) Residence: No. Edgwood Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Haines

6. DATE OF BIRTH (month, day, year) About Mar. 12, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	45	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Henry Haines

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Wampler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry L. Doxzen

(Address) 1105 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place All Saints Cemetery Date 6/23. 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

20. FILED ... Registrar.

N 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First and Third Burnes of Body and Face	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, Accident June 18, 1936, 19..

Where did injury occur? Edgwood Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury House Burnt Down

Nature of injury Burnes

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. K. Gallion M. D.
Coroner

(Address) 2757 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25075

F 25075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Fait Ave St. 1-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Littler — If U. S. Veteran specify WAR W. W.

(a) Residence: No. 2601 Fait Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Jan 23 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none, army pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: formerly seaman U.S.N.

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Philadelphia Penn

FATHER

13. NAME: Ernest Littler

14. BIRTHPLACE (city or town) (State or country): Phila Pa.

MOTHER

15. MAIDEN NAME: Martha Conard

16. BIRTHPLACE (city or town) (State or country): Phila Penn

17. INFORMANT: Mrs. Martha E. Littler (Mother)
(Address) Clementon New Jersey

18. BURIAL, CREMATION, OR REMOVAL
Place U S National Phila Pa. Date June 23 1936

19. UNDERTAKER: Wendell & Siegel
(Address) 1405 Gough St
Huntington Williamsport, Pa.

20. FILED ... 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	
Coronary embolism	

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? probably If so, specify wounded in World's War

(Signed) H. M. Wright M. D.
(Address) 1010 S. Clinton St. (Corner) Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

N 22 1936

25076 # 14644 ✓ F 25076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

-95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-4 Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME James Robinson

(a) Residence: No. 135 W. York St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ~~1853~~ Mar 15 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~58~~ 58	?	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 6/21/36

19. UNDERTAKER Leonard L Brown & Son
(Address) 1524 W Montgomery St

FILED JUN 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1936 to 6/19, 1936

I last saw him alive on 6/19, 1936 Death is said to have occurred on the date stated above, at 9p.m.

The principal cause of death and related causes of importance were as follows:

	Data at onset
Bronchopneumonia	2-3 days
Hypertensive Cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Bald City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 25077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Windsor Ave St., 45-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 25 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Catherine Ritter

If U. S. Veteran specify WAR No

(a) Residence: No. 3117 Windsor Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of George W. Ritter

6. DATE OF BIRTH (month, day, year) Sept 26-1862

7. AGE: Years 73 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Bartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Lichtfuss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Ruth Ritter

(Address) 3318 Egerton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 24 1936

19. UNDERTAKER Putnam Post

(Address) 2224 N Charles St

Huntington Williams

N 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from June ~ 1933 to June 21st 1936

I last saw her alive on June 21st 1936. Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	June 1933

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Bryant M. D.

(Address) 201 E. Lanvale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25078

F 25078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 175

CITY OF BALTIMORE: (No. ..... St., 11-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bennie Stokes

If U. S. Veteran specify WAR .....

(a) Residence: No. 935 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Stokes

6. DATE OF BIRTH (month, day, year) Dec. 24, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kingsport, Tenn.

FATHER

13. NAME Hamp Stokes

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Jessie Jackson

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Irene Stokes

(Address) Burlington Vt.

18. BURIAL, CREMATION, OR REMOVAL

Place Fulton N. Y. Date 6/23 1936

19. UNDERTAKER Charles Alexander

(Address) 916 Druid Hill Ave

Huntington Williams

JUN 22 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 10 30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck	
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 20 1936

Where did injury occur? in Catonsville on street

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Cor Druid Hill Ave & Fiddler's Ln

Manner of injury Struck with a fish, knocked down

Nature of injury Fractured neck,

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hagen M. D. Coroner

(Address) 1216 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 25079

25079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Fellows

(a) Residence: No. 13 W Hughes St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Fellows

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Roselle Hall

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date June 20, 1936

19. UNDERTAKER Commissioner of Health.

(Address)

FILED ..... 19 .....

JUN 22 1936

2591

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/16/36, 19 to 6/17/36, 19

I last saw h[illegible] alive on 6/17/36, 19 Death is said to have occurred on the date stated above, at 1 or 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Prematurity (3 wks.)	
(2) Aspiration Asphyxia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Marion Albrittain, M. D.

(Address) Maternity Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

F 25080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25080

210-M

27-5

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Irvin Salisbury.

(a) Residence: No. 3012 Westfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Bertha C. Salisbury.

6. DATE OF BIRTH (month, day, year) December 13, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Saulisbury.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME May ----------

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bertha C. Salisbury. (wife)
(Address) 3012 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date June 24th 1936

19. UNDERTAKER George H. Pulk & Son
(Address) 1235 Pennsylvania Ave.

No. 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the femur, possible fracture of the skull and internal injuries.

Automobile accident.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 6/20/36, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Philadelphia Rd nr. Cowantown, Co.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto E. Reinhardt M. D.
Coroner

6/22/36 (Address) 1017 S. Charles St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25081 (Slocum) ✓ F 25081

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-B-107-W

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

CITY OF BALTIMORE: (No.) St. 22 Ward ( )

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Slocum If U. S. Veteran specify WAR

(a) Residence: No. 114 W. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/6/1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aurora Co N.C.

FATHER

13. NAME Graham Slocum

14. BIRTHPLACE (city or town) (State or country) Wayne Co N.C

MOTHER

15. MAIDEN NAME Cheery

16. BIRTHPLACE (city or town) (State or country) Pitt Co no

17. INFORMANT Laura Carr
(Address) 1312 Pitt St. Greenville N.C

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6/22/36

19. UNDERTAKER David L Brown & Son
(Address) 108 W Montgomery

20. FILED JUN 22 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to June 21, 1936

I last saw h alive on June 20, 1936 Death is said to have occurred on the date stated above, at 3:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/17
Aneurysm (Aortic) of Innominate artery	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Dwyer M. D.
(Address) South Baltimore Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V 9 3

N 22 1936

F 25082

25082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. 15-8

CITY OF BALTIMORE: (No. ~~A~~ 3016 Garrison Boulevard Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Clark

If U. S. Veteran specify WAR

(a) Residence: No. 3016 Garrison Boulevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Clark

6. DATE OF BIRTH (month, day, year) Aug. 12.1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	11 10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benj. Clark

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amelia Wentz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Annie Clark

(Address) 3016 Garrison Boulevard.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date June 23, 1936

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21.1936

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1936 to 6/21, 1936

I last saw h.. alive on 6/21, 1936 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio Vascular disease — Date of onset 6

Chronic Nephritis

Other contributory causes of importance:

Uremia — 6/12/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Luther E. Leas, M. D.

(Address) 928 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

25083

HEALTH DEPARTMENT—CITY OF BALTIMORE

25083

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes' Hospital — Registered No. 129

CITY OF BALTIMORE: (No. Wilkens & Caton Ave 5-1 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Theresa Neuman — If U. S. Veteran specify WAR ...

(a) Residence: No. 101 Smithwood Ave. Catonsville Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John H Neuman

6. DATE OF BIRTH (month, day, year) Feb. 10, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) 6/1/35

11. Total time (years) spent in this occupation 6yr

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H. Dressler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cecelia Becker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John L. Becker (Address) Hanover, Md

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 24, 36

19. UNDERTAKER Easton Bros (Address) Catonsville Md

JUN 22 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 21, 1936

I last saw h[illegible] alive on June 21, 1936. Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

M. D. P. 1268-9

✓ F 25084

25084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 11-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes C. Hammond

(a) Residence: No. 1140 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Hammond

6. DATE OF BIRTH (month, day, year) October 23, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Dec

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) New York, New York

FATHER

13. NAME Richard McCauley

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Emily Charlotte Potter

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward Hammond

(Address) 1140 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 23 1936

19. UNDERTAKER Easton & Sons

(Address) 1421 Eutaw Place

20. FILED , 19

Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936 to June 19, 1936

I last saw her alive on June 19, 1936 Death is said to have occurred on the date stated above, at 1.02 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of ovary + metastases to omentum, lymph nodes, liver + lung?	?

Other contributory causes of importance:

Arteriosclerosis, generalized	—

Name of operation Effonotary Capantomy & Biopsy Date of 4-6-36

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Women's Hospital Baltimore, Md

V 9 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25085

25085 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 2200 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Rowland

If U. S. Veteran specify WAR .....

(a) Residence: No. 323 S. Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin Roland

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lilly Wyatt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lilly Rowland

(Address) 323 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 22, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 3220 Edmondson Ave.

22 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21 0. 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1936, to 6-21, 1936.

I last saw him alive on 6-21, 1936 Death is said to have occurred on the date stated above, at 6 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro enteritis	6-9-36

Other contributory causes of importance:

Bilateral otitis media	6-14-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt Jackson M. D.

(Address) 600 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

F 25086

25086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-W

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Sarella Beall

(a) Residence: No. Laurel, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James L Beall

6. DATE OF BIRTH (month, day, year) Jan 12, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME Richard Fleming

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Balinda E Penn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geneva Beall
(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date 6-24 1936

19. UNDERTAKER DeWitt Hodgdon
(Address) Laurel Md

[illegible] for Williams Bros

N 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-18-36, 19..., to 6-22-36, 19...

I last saw he alive on 6-22-36, 19... Death is said to have occurred on the date stated above, at 6.14 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trigeminal Neuralgia	
Myocardial Failure	6-22-36

Was an operation performed? yes Date of 6-22-36

For what disease or injury Trigeminal Neuralgia

Name of operation Resection-gasserian Date of 6-22-36

What test confirmed diagnosis and Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify county, or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Sutton, M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25087

HEALTH DEPARTMENT—CITY OF BALTIMORE

25087

CERTIFICATE OF DEATH

93 c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 904 Ramsey St., 21-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah J. Murphy

(a) Residence: No. # 904 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (old)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Sargeant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

FATHER

13. NAME Cornelius Murphy

14. BIRTHPLACE (city or town) Ireland.
(State or country)

MOTHER

15. MAIDEN NAME Ellen Connell

16. BIRTHPLACE (city or town) Ireland.
(State or country)

17. INFORMANT Mr William J. Murphy
(Address) # 904 Ramsey Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6 / 23 / 1936

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to June 20, 1936
I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 5.15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 Day
Other contributory causes of importance:	
Chronic Myocarditis.	7 yrs
Chronic Hypertension,	7 yrs
Cerebral Hemorrhage	8 yrs

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Chas. Norris, M. D.
(Address) 888 W. Lombard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 25088

25088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B #14656

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Martha Town

(a) Residence: No. 330 S. Bruce Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Town

6. DATE OF BIRTH (month, day, year) 4-5-74

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Maxwell (deceased)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Devida Harvey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 6/24 19 36

19. UNDERTAKER [illegible]
(Address) 121 N. Eutaw St

20. FILED [illegible] Registrar

6 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1936 to 6-21 1936

I last saw her alive on 6-21 1936 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	3 wks.
Hypertensive Cardio Vascular Disease	?
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 25089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25089

131

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Flanagan

If U. S. Veteran specify WAR .....

(a) Residence: No. 5006 Curtis Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Flanagan

6. DATE OF BIRTH (month, day, year) April 20/78

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James Flanagan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Claxton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louis Ridgway

(Address) 5006 Curtis Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date 6/24 1936

19. UNDERTAKER William Cooke

(Address) 127 St Paul Street

FILED 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15. 1936 to June 21. 1936

last saw her alive on June 21. 1936 Death is said to have occurred on the date stated above, at 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	?
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Cooke M. D.

(Address) South Baltimore Hosp.

STATISTICAL CERTIFICATE OF DEATH is to be filled in as plainly as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25090 (Donnelly) ✓ F 25090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Brother Arsenius (Donnelly)

(a) Residence: No. Calvert Hall College Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12, 854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 0065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Donelly

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Joanna F. Colleran

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 6, 25, 36

19. UNDERTAKER Lloyd Kaiser
(Address)

FILED N 22 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1936 to 6-22 1936

I last saw h(im) alive on 6-22 1936 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Senility

Was an operation performed? No Date of 5-20-36

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 5-20-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Mercy Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1268-9

E 25091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 25091

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. T. Kopp

If U. S. Veteran specify WAR .....

(a) Residence: No. Sykesville, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of ?

6. DATE OF BIRTH (month, day, year) January 2, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carrol County Md.

FATHER

13. NAME Alfred Kopp.

14. BIRTHPLACE (city or town) (State or country) Carrol County Md.

MOTHER

15. MAIDEN NAME Ritter

16. BIRTHPLACE (city or town) (State or country) Carrol County Md.

17. INFORMANT Mrs. Charles E. T. Kopp

(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Pleasant Cemetery Date June 25, 1936

19. UNDERTAKER C. M. Waltz

(Address) Winfield, Md.

22 1936 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of intestines	

Other contributory causes of importance:

Shock & Hemorrhage

Was an operation performed? Yes (Date of) 6/22/36

For what disease or injury? Gun shot wound of intestines

Name of operation Lateral Enastomis Date of 6/22/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/22/ 1936

Where did injury occur? Sykesville, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot wound Jabdomen

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Paul Whyte Coroner M. D.

(Address) 1912 E. North Ave.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25092 ✓ F 25092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14684 Ward 15-3 Life

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Frederick Blum

(a) Residence: No. 2553 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma

6. DATE OF BIRTH (month, day, year): 9-22-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operated Confectionary store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0019

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Phillip Blum

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Johanna Bohlman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): B.C.H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Longdon Mts Date June 23 19 36

19. UNDERTAKER: John F. Miller

(Address) 2733-35 E. Oliver St

20. FILED JUN 22 1936 19.. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/15, 1936 to 6/20, 1936

I last saw him alive on 6/20, 1936 Death is said to have occurred on the date stated above, at 12 25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach & metastases to liver	6 mos
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Reitz M. D.

(Address) Baltimore City Hosp.

25093 F 25093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General St. Hospital Ward) 6-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Will

(a) Residence: No. 419 Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eunice Will

6. DATE OF BIRTH (month, day, year) Dec. 28-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31 32 years	6 5	23 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Will

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Miss Dora Whitemiller

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Catherine Bloodsworth
(Address) 419 Lakewood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Mem. Date June 23 1934

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2134 Gilmor St

FILED ... Registrar

JUN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1936 to 6-20, 1936

I last saw him alive on 6-20, 1936 Death is said to have occurred on the date stated above, at 6 23 pm.

The principal cause of death and related causes of importance were as follows:

Acute Gangrenous Appendicitis — Date of onset

Other contributory causes of importance:

Acute Cardiac Failure

Was an operation performed? Yes Date of 6-14-36

For what disease or injury? Ruptured appendix

Name of operation Appendicotomy Date of 6-14-36

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. F. Stephens, M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25094

25094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

703

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St. Hospital Ward)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doloris L. Smith. If U. S. Veteran specify WAR .....

(a) Residence: No. 2017 Christian St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 3, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Paul T. Smith.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Jennie Cairis.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Paul T. Smith. (father)
(Address) 2017 Christian St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 6/23 1936

19. UNDERTAKER Eugene A. Slater
(Address) Slater & Zapadt

20. FILED Huntington Williams

N 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of the liver, Internal Hemorrhage. Struck and knocked down by an automobile. Accidental death.	6/20/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hospital autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/20/36

Where did injury occur? Wilkens Ave. near Payson St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public street.

Manner of injury Struck by automobile

Nature of injury Ruptured liver

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto Reinhardt M. D.
Coroner

6/22/36 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25095

F 25095 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 576 N. Decker Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Lerpucher
If U. S. Veteran specify WAR

(a) Residence: No. 576 N. Decker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie F. West

6. DATE OF BIRTH (month, day, year) June 21 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman (Retd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. John Fraser
(Address) 576 N. Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 6/22, 1936

19. UNDERTAKER John G. Connelly
(Address) Balto. Md.

JUN 22 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th. 1936

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1936 to June 18, 1936

I last saw him alive on June 18, 1936. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease & Hypertension	?
Other contributory causes of importance: Ascites, General Anasarka	1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Arma Rembert, M. D.

(Address) Brandenburg, Ind.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-a

F 25096

F 25096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Shields Place St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Hanagan

(a) Residence: No. 1324 Shields Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/14/1836

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	99	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Lizzie Hanagan

(Address) 1324 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/23 19 36

19. UNDERTAKER Wm A Jackson

(Address) 416 Penna ave

JUN 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 945 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Ham M. D.

Coroner

(Address) 1215 Hanover

V 556

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25097

25097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14049

Registered No. 98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ardelia Thompson

(a) Residence: No. 1824 Presstman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 2-10-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79 78	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Crockett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/24 19 36

19. UNDERTAKER Chas G Jackson
(Address) 716 Fairmount Ave

20. FILED ..... 19 ..... Registrar.

JUN 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 20 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 5 - 8 . 1936 to 6 - 20 . 1936

I last saw her alive on 6 - 20 . 1936 Death is said to have occurred on the date stated above, at 12:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Left Leg	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 25098

F 25098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 N. Mount St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Brown

(a) Residence: No. 1446 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Brown

6. DATE OF BIRTH (month, day, year) January 25, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Edna Washington
(Address) 1446 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date June 23. 19 36

19. UNDERTAKER Thos. G. Kelson
(Address) 1303 Presstman St

20. FILED Huntington Williams M.D.
Registrar.

JUN 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Lesion	

Other contributory causes of importance: Cardiac Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hagen M. D. Coroner

(Address) 219 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 25099

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25099

161-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland Funeral Home (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Mueller (Girl)

(a) Residence: No. 761 Edgewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-18-36

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or ..... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Theodore Mueller

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Bess Buck

16. BIRTHPLACE (city or town) Houston (State or country) Texas

17. INFORMANT Mrs. Theo. Mueller

(Address) 761 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Mem. L. Date Stone 6-18-1936

19. UNDERTAKER —

(Address)

20. FILED JUN 23 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-18-36, 19..., to 6-18, 1936

I last saw h.. alive on 6-18, 1936 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	6-18-36
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. K. Ewald Jr. M. D.

(Address) Maryland Mem'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 25100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25100

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 W. Saratoga St. 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Turner

If U. S. Veteran specify WAR

(a) Residence: No. 1045 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colr	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)			
Aug 18th 1858			
7. AGE Years: 77	Months: 7 10	Days: 13	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-work

10. Date deceased last worked at this occupation (month, day, year) 5/25th 36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Brown (Friend Daughter)
(Address) 1045 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 6-23- 1936

19. UNDERTAKER Chas Kelly-R W Redmond
(Address) 322. N. Schroeder St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/36. 19

22. I HEREBY CERTIFY, that I attended deceased from Mon 24th 36 to June 24th 36
I last saw her alive on June 24th 36. Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia with Cerebral Hemorrhage	6/18/36
	1

Other contributory causes of importance

Interstitial Nephritis with Hypertension	unknown not known

Was an operation performed? No Date of

For what disease or injury? none

Name of operation Date of

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. E. Turner M.D.

(Address) 522 N. Carlington

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 25101

25101 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 212-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 12-7

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Walter Isennock

(a) Residence: No. Baldwin Balto. Co. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie E. Isennock

6. DATE OF BIRTH (month, day, year) Aug 26 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Worked for Self

10. Date deceased last worked at this occupation (month and year): June 20/36

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Baldwin Baltimore Co. Md.

FATHER

13. NAME: Wm. M. Isennock

14. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

MOTHER

15. MAIDEN NAME: Annie Appelstein

16. BIRTHPLACE (city or town) (State or country): Baldwin Baltimore Co. Md.

17. INFORMANT: Mrs. Marie E. Isennock

(Address): Baldwin Balto. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cemetery Date June 25. 1936

Baltimore Balto. Co. Md.

19. UNDERTAKER: Elmer W. Conklin

(Address): 924 E. Eager St.

20. FILED: 6-26-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 2nd Cervical Vertebra, Traumatic Oedema of Brain & Cord.	6/32/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/20. 1936

Where did injury occur? Baldwin Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On farm

Manner of injury Fell from Hay Wagon

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. H. Diefenbaugh M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 25102

F 25102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH — 10680 — 6-5

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Kane

(a) Residence: No. 1517 Jefferson St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemy Date June 23, 1936

19. UNDERTAKER Lottie G Ross
(Address) 1408 Ashland Ave

20. FILED 19 Registrar

JUN 23 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1936 to 6/20, 1936

I last saw him alive on 6/20, 1936 Death is said to have occurred on the date stated above, at 1/05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Cerebral Hemorrhage	7 days
Hypertension	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Baltimore Hosp.

25103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14464 137 F 25103

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Garrison

(a) Residence: No. 643 George St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~Dec 25~~ 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Jeremiah

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Lydia Williams

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Laurel Cemetery Date June 23 1936

19. UNDERTAKER Adolphus Halstead
(Address) 1119 Edmondson Ave

20. FILED , 19 Registrar

JUN 23 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1936 to 6-19, 1936.
I last saw him alive on 6-19, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate Gland & Urinary Retention	?
Other contributory causes of importance: Terminal Bronchopneumonia	6-18-36

Was an operation performed? Yes Date of 6-3-36

For what disease or injury? Benign Hypertrophy of Prostate. Bx and

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 25104

F 25104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Worthman Hilton

(a) Residence: No. 955 Druid Hill Ave St., Ward Wal 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Hilton

6. DATE OF BIRTH (month, day, year) Mar 7, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Slate roof helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) 2 months ago

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thompson Hilton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Pine Hill Cemetery Date June 24 1936

19. UNDERTAKER Robert Halstead

(Address) 1718 E. Fayette St.

Filed JUN 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 th, 1936 to June 20, 1936

I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 3-40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	
Bronchopneumonia	

Other contributory causes of importance: debilitation and emaciation

Was an operation performed? Yes Date of June 10, 1936

For what disease or injury? Carcinoma of oesophagus

Name of operation gastrostomy Date of June 11

What test confirmed diagnosis? X Ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. No. F 25105

F 25105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 E Lexington St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1420 E Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Smith

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Long Green Md. (State or country)

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) Unk (State or country)

17. INFORMANT Joseph Smith Jr.

(Address) 428 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date June 25 1936

19. UNDERTAKER Edw. Bryon

(Address) 1647 Orleans St

20. FILED JUN 23 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 20, 1936

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify.

(Signed) Geo. L. Allen M. D.

(Address) 50 Augusta St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

25106 F 25106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 14688

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 28-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul DuBois

(a) Residence: No. 4216 Elderon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 2-14-1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 2 9	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 6004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Statler Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Allen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records of Balt. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Naantle Point Rd Date 6/23/36

19. UNDERTAKER Jack Lubin Co
(Address) 1039 E. Baltimore St.

20. FILED 6/23 1936 19 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to June 22, 1936

I last saw him alive on June 22, 1936. Death is said to have occurred on the date stated above, at 12⁰⁰ Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteogenic sarcoma of femur	6 mo. ago.
Other contributory causes of importance: Metastases	6 mo ago.

Was an operation performed? Yes. Date of Several mo. ago.

For what disease or injury? Osteogenic sarcoma of femur.

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals.

F 25107

Dr. C. Paul Schumacher

F 25107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Arkney Road. Ward) 27-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emory K Smith

If U. S. Veteran specify WAR

(a) Residence: No. 502 Arkney Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Clarkson Smith

6. DATE OF BIRTH (month, day, year) Jan 20 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plantation Supplies

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Kent Market Md.

FATHER

13. NAME Wm. Johns A. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Wagoner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary C. Smith
(Address) 502 Arkney Rd.

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date June 23 1936

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

JUN 23 1936 Lexington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21 1936 to June 21 1936

I last saw him alive on June 21 1936. Death is said to have occurred on the date stated above, at 3 50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	over
Other contributory causes of importance: Chronic Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Robertson M. D.

(Address) 6010 York Road.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

A&Co. 5-31 250B

F 25108 F 25108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 E. Barney St St., 24-4 (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary A. Bernhard

(a) Residence: No. 206 E. Barney St St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Bernhard

6. DATE OF BIRTH (month, day, year) Nov. 6 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hswk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Vogel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Bernhard
(Address) 602 E. Barney St

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date 6/24/36 19....

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JUN 23 1936 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1935, to June 20, 1936
I last saw her alive on June 20 1936 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	6/19/36

Name of operation None Date of
What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

6/24/36 (Signed) R. F. Campbell M. D.
(Address) 1644 Hanover St

M. D. B. 1268-9

F 25109

F 25109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Boarman Avenue St. 15-13 Ward)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Goodwin Lockwood

(a) Residence: No. 2914 Boarman Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Philip M. Lockwood

6. DATE OF BIRTH (month, day, year) Mar. 11, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Goodwin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Bamber

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Philip M. Lockwood
(Address) 2914 Boarman Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 24, 1936

19. UNDERTAKER H. Sander & Son
(Address) 1710 Fleet Street

20. FILED ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1936 to June 21, 1936

I last saw her alive on June 20, 1936 Death is said to have occurred on the date stated above, at 8:45PM

The principal cause of death and related causes of importance were as follows: — Date of onset

Pulmonary T. B. [illegible]

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) [illegible] M. D.

(Address) 3136 Liberty Rd.

F 25110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25110

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. East Ave. St. 16 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY MARSHALL ALLEN

(a) Residence: No. 8 S. East Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur T. Allen

6. DATE OF BIRTH (month, day, year) Dec. 18, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Savannah
(State or country) Georgia

FATHER

13. NAME Frederick S. Fell

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Octavia J. Douglass

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Miss Mary M. Allen
(Address) 8 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date June 24, 1936

19. UNDERTAKER John Ulrich & Sons
(Address) Huntington Williams, N.D.

UN 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14th 36 to June 21-36

I last saw alive on June 21-36. Death is said to have occurred on the date stated above, at 8.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3 mo
Other contributory causes of importance: Uremia	3 days

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. H. Herrmann M. D.

(Address) 2913 E. Baltimore St.

DECLARATION IS VERY IMPORTANT. See instructions on back of certificate.

F. 25111 ✓ F 25111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-a

Registered No. 11-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Betsy Christina Ludvigsen

(a) Residence: No. 449 N. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 30 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Borge Ludvigsen

14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER

15. MAIDEN NAME Betty Olsen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Betsy Ludvigsen

(Address) 449 N. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park Date June 24, 1936

19. UNDERTAKER John Oderich

(Address) 2005 Orleans

20. FILED . 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 21 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Encephalitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 56

N 23 1936

F 25112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13466

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospts. St. 96-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1933 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac N. Hastings

(a) Residence: No. 6529 Parnell Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice

6. DATE OF BIRTH (month, day, year) 1-29-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George B. (D)

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Margaret Jenkins

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Morgantown W. Va. Date June 20 1936

19. UNDERTAKER John Welsh
(Address) 2005 Orleans

20. FILED JUN 23 1936 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-7-1936 to 6-23-1936

I last saw him alive on 6-23-1936 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt.	4-7-36
Pneumococcic Empyema Rt.	4-9-36

Other contributory causes of importance:

Was an operation performed? yes Date of 1st 4-15-36

For what disease or injury? Empyema, Rt.

2nd 6/1/36

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 25113

F 25113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-A Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mildred Norwood

(a) Residence: No. 1935 E. Chase St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 22, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David Norwood

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Ridgeway

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie Norwood

(Address) 1935 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 24th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, M.D.

20. FILED ... 19...

UN 23 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Primary)	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schaefer, M. D. Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 25114

✓ F 25114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Eutaw St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Henslein

If U. S. Veteran specify WAR No Record

(a) Residence: No. 411 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Gertrude M. Henslein

6. DATE OF BIRTH (month, day, year) Aug 24th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0088

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Andrew Henslein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Pugh

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude M. Henslein

(Address) 411 N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Date June 24th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Hill

JUN 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16 1936 to June 21 1936

I last saw him alive on June 20 1936 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Jaw	1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 1936

For what disease or injury? Removal of Carcinoma

Name of operation Excision of Carcinoma Date of March 1936

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Eshman M. D.

(Address) 1924 W North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 25115 ✓ F 25115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 6-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John Charles Wilkinson
If U. S. Veteran specify WAR

(a) Residence: No. 17 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora E. Wilkinson

6. DATE OF BIRTH (month, day, year) Aug 31st 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	✓	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Wilkinson

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Johanna Cannon

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Dorothy Wilkinson (daughter)
(Address) 17 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Newcathedral Date 6/24/ 1936

19. UNDERTAKER J. J. Moran & Son
(Address) 3000 Boston St. Huntington Williams, Md.

JUN 23 1936 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 21, 1936
I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 12 10/9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory collapse 9504	4/20/36

Other contributory causes of importance:
Renal Calculi 13-12
Coronary Occlusion 9420

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. H. Carter Jr. M. D.
(Address) Mercy Hospital

M. D. B 1268-9

F 25116

25116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Paca St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Gertrude Kraft

If U. S. Veteran specify WAR .....

(a) Residence: No. 520 N. Paca St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John W. Kraft

6. DATE OF BIRTH (month, day, year) Jan 29 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Bertha Holmes

(Address) 506 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Miller School Date Jan 23 1936

19. UNDERTAKER .....

(Address) .....

20. Filed JAN 23 1936 Harrington Williams Registrar.

2358

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above, June 11 5 P.m.

The principal cause of death and related causes of importance were as follows: died in bed.

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance: Alcoholic

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O'Hara, M. D. Coroner

(Address) 1216 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 25117

F 25117 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 48 Market Place St., 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~H. Weber~~ Oscar E. Weaver If U. S. Veteran specify WAR .....

(a) Residence: No. 48 Market Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ~~July 18, 1855~~ Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff. Med. School Date June 23 19 36

19. UNDERTAKER .....
(Address)

20. FILED JUN 23 1936 Huntington Fillmore Md

2393 THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Cerebral Hemorrhage

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Elmer B. Wallace, M. D.
Coroner

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 25118 ✓ F 25118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 1 mo. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME N Alter B Watkins

If U. S. Veteran specify WAR

(a) Residence: No. 1424 Asquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co

10. Date deceased last worked at this occupation (month and year) June - 1936

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME James Watkins

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Alpha Mayers

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Edith Johnson
(Address) 1424 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date June 25 1936

19. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.

20. FILED JUN 23 1936, 19
Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to June 22, 1936

I last saw him alive on June 22, 1936 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Thrombophlebitis - R. Arm	
Pulmonary Embolism	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. L. Sacks M. D.
(Address) Mercy Hospital.

OCCUPATION IS very important. See instructions on back of certificate.

N 23 1936

M. D. B 1268-9

F 25119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25119

186-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward) 10-1

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Florence L. Hubbard

(a) Residence: No. 1300 S. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S. Hubbard

6. DATE OF BIRTH (month, day, year) Aug 20 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	16	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Lloyd E. Barbour

14. BIRTHPLACE (city or town) (State or country) Balto County Md.

MOTHER

15. MAIDEN NAME Elizabeth R. Coe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James E. Barbour

(Address) 21 N. Strieker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 25th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 24 1936 Clayton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture right femur	

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) state also the following: Accident, suicide, or homicide? Accident Date of injury April 29 1936.

Where did injury occur? Balto Md. F
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Tripped over rug.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) A. M. Knight M. D.
Coroner

(Address) 101 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 25120

F 25120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Reisterstown Rd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George J. Hoffman

(a) Residence: No. 2234 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Leona M. Hoffman

6. DATE OF BIRTH (month, day, year) Oct 2nd 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
✓	53	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer Auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Accessories

10. Date deceased last worked at this occupation (month, day, year) 6/24/36

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nicholas Hoffman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Barbara Whitman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Leona M. Hoffman

(Address) 2234 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 6/25/36 19...

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED JUN 24 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1936 to June 22nd, 1936

I last saw him alive on June 21st 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/20/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No ? If so, specify

(Signed) Elbert C. Reitzel M. D.

(Address) 2245 Reisterstown Rd. Balto. Md.

F 25121 F 25121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH South Baltimore Gen Hosp.

CITY OF BALTIMORE: (No. ..... St., 9-35 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Marshall

If U. S. Veteran specify WAR No Record

(a) Residence: No. 618 McKewin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Lottie Lebo Marshall

6. DATE OF BIRTH (month, day, year) June 18th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	61	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt Bldg

10. Date deceased last worked at this occupation (month, year) 5/27/36

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louis C. Marshall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice Paiso

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Lottie L. Marshall

(Address) 618 McKewin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 25th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed JUN 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19 1936 to June 22 1936

I last saw him alive on June 22 1936 Death is said to have occurred on the date stated above, at 11:05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	2

Other contributory causes of importance:

Intracerebro Hemiplegia & pericarditis (2)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) William Duff M. D.

(Address) South Baltimore Gen Hosp

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 25122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25122

186-a

CERTIFICATE OF DEATH

Registered No. .....

4. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth: ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Arthur

(a) Residence: No. 2918 Independence St., Balto (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 7th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	8	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel E. Arthur

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Cecil Tyler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel E. Arthur

(Address) 2918 Independence St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 25th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... By ..... Registrar

JUN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15- 36 to June 22 36

last saw her alive on June 22 1936 Death is said to have occurred on the date stated above, at 11.35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia staphylococcus aureus	6-15-36
Other contributory causes of importance: Fracture 7th rib right	6-14-36
Empyema bilateral	6-17-36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation culture of blood Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6-17, 1936

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell against corner of porch

Nature of injury Fracture of 7th rib right

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Colin MacRae M. D.

(Address) Union Memorial Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

VS 3

F 25123

F 25123 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14494 Baltimore City Hospitals St., 18-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3½ yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maxie Mitchell

(a) Residence: No. 1019 Sarah Ann St. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 5- 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 24, 1936

19. UNDERTAKER Mrs Katie A. Williams

(Address) 322 S Schroeder St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1936 to 6/20, 1936

I last saw her alive on 6/20, 1936 Death is said to have occurred on the date stated above, at 6 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 wk
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Bal City Hosp.

F 25121 34 3121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25124

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie Tucker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1207 Druid Hill Ave, Ward. Colored

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudi Tucker

6. DATE OF BIRTH (month, day, year) Dec. 9th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	-6	12-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter - at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland -

FATHER

13. NAME Isaac Tucker -

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma -

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem. Date 6-24- 1936

19. UNDERTAKER Wm. H. Holland

(Address) 1911 Pennsylvania Ave

20. FILED JUN 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24th. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19th - 1936 to June 21 - 1936

I last saw her alive on June 21st 1936 Death is said to have occurred on the date stated above, at 3P a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hematemesis, ? duodenal ulcer ? cirrhosis ? carcinoma of esophageal vein.	1920
	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph F. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

25125 HEALTH DEPARTMENT—CITY OF BALTIMORE 25125

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame of Maryland, Charles St. Ward) 27-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sister Mary Waltrudis, Redmann.

(a) Residence: No. Charles St. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 63	64	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Notre Dame Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

FATHER

13. NAME Joseph Redmann

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

MOTHER

15. MAIDEN NAME Christina Landgraff

16. BIRTHPLACE (city or town) (State or country) Pittburgh. Pa.

17. INFORMANT Sr. Maryharold.
(Address) Convent Charles St. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Privote Notre Dame Date June, 25 19 36

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811, N. Wolfe St.

JUN 24 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June, 23rd. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 19 36 to June 23 19 36

I last saw h alive on June 23 19 36 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 Cerebral Hemorrhage	
7 Hemiplegia	
Other contributory causes of importance: Cancer of Uterus	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. M. Fink & Son M. D.

(Address) 811 N. Wolfe St.

OCCUPATION IS very important. See instructions on back of certificate.

V 9 3

F 25126 F 25126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

U-14553 34-195-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Turner

(a) Residence: No. 510 Montgomery St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 7-16-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/24/36 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Monument St

Huntington Williams 19 36
Registrar.

JUN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/6 1936 to 6/21 1936

I last saw her alive on 6/21 1936 Death is said to have occurred on the date stated above, at 4:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-3 days
Hypertensive Cardio-Vascular disease	"
Other contributory causes of importance:	
Cerebral hemorrhage	"

Was an operation performed? ..... Date of ..... None

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Bald City Hosp.

F 25127

F 25127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Fisher — If U. S. Veteran specify WAR

(a) Residence: No. ~~1305 Patterson~~ 2406 Harrison Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) June 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furrier dr's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bus.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Forest Date 6/24/36

19. UNDERTAKER Jul. Leo Sons

(Address) 1439 E. Balto St.

20. FILED [illegible] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936, to June 23, 1936

I last saw him alive on June 23, 1936. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. apoplexy	6-21-36
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) St. Josephs Hospital

Spec.—1-12-23—M&T—500 Bks.

F 25128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-B F 25128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 W. Lafayette Ave. (St.) 16-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Wilson

(a) RESIDENCE NO. 1621 W. Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 4 1935

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Casey Wilson

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Viola Saunders

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

Informant Viola Wilson

(Address) 1621 Lafayette Ave

Filed JUN 24 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22/1936

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 22, 1936, that I last saw h... alive on June 22, 1936, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M.D.

(Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/24 1936

UNDERTAKER Samuel H. Chase & Son

ADDRESS 638 Gilmor

N is very important See instructions on back of certificates.

F 25129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25129

46-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ada Camelia Whitehurst

If U. S. Veteran specify WAR .....

(a) Residence: No. 218 Chauncery Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): July 6. 1869

7. AGE: Years 67 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Artist

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation: 000

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Jesse N. Whitehurst

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Emma L. McElwain

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Jesse N. Whitehurst

(Address) 218 Chauncery Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 25 1936

19. UNDERTAKER: John C. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED: June 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to June 23 1936

I last saw h.. alive on June 23 1936 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	June 22 '36
Other contributory causes of importance:	
Carcinoma of Colon	1936

Was an operation performed? yes Date of June 20, 1936

For what disease or injury? .....

Name of operation Colostomy Date of June 23 '36

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. A. Reis M. D.

(Address) University of Md - Loudon Pk.

OCCUPATION is very important. See instructions on back of certificate.

F 25130 F 25130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 N. Washington St., 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Bradford

If U. S. Veteran specify WAR .....

(a) Residence: No. 2036 Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or ~~WIFE~~) Amanda J. Bradford

6. DATE OF BIRTH (month, day, year) June 11-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Albert Bradford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillian T. Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Amanda J. Bradford

(Address) 2036 Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 6/26/36

19. UNDERTAKER G. F. Winkler.

(Address) 3539 Gallo Rd.

20. FILED JUN 27 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936 to June 22, 1936

I last saw h... alive on June 21, 1936 Death is said to have occurred on the date stated above, at 9.40P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma colon	Jan 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Chas W. Edmonds M. D.

(Address) 2746 Alameda

M. D. F 1268-9

F 25131

25131 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 25131

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Portland St. 22 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizebeth Anna Vilkauskus (Wolfe)

(a) Residence: No. 715 Portland St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Vilkauskus

6. DATE OF BIRTH (month, day, year) Sept 1 1867

7. AGE 67

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired now

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) ... in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME John Benuskunas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna Benuskunas

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT John Vilkauskus (Address) 715 Portland St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 6/25 1936

19. UNDERTAKER Chas P. Buchanan (Address) 637 Pratt St.

(Filed) ... 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23 1936

22. I HEREBY CERTIFY, That I attended deceased (from) 3/3 1936 to 6/23 1936

I last saw her alive on 6/23 1936 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 dy
Other contributory causes of importance: Cardio Vascular Renal Disease	3 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph R. Lankalis M. D.

(Address) 679 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

F 25132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25132

CERTIFICATE OF DEATH

82-a

Registered No. 16-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mo. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Adams

(a) Residence: No. 300 S. Clinton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Adams

6. DATE OF BIRTH (month, day, year) Dec 8 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George Adams

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Bettie Adams Wife

(Address) 300 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date June 25, 1936

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 S. Wolfe St.

20. FILED JUN 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to June 22, 1936

I last saw h. alive on June 22, 1936 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Broncho pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. S. Sacks M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

25133

M. D. B 1268-9

F 25133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 St Barnabas St, 17th Ward)

Length of residence in city or town where death occurred [redacted] mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. World War

2. FULL NAME Walter L. Henry

(a) Residence: No. 914 St Barnabas St, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Henry

6. DATE OF BIRTH (month, day, year) Feby 7, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greensboro N.C.

FATHER

13. NAME Charles Henry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Parkinson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Carrie Henry

(Address) 914 St Barnabas St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 6/26, 1936

19. UNDERTAKER Chas L Jackson

(Address) 116 [illegible] Pennsylvania Ave

Huntington, W. Va.

..... 19..... Registrar.

JUN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 3 23 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adam, M. D.

Coroner

(Address) 1215 Harrison

See OCCUPATION is very important. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

See instructions on back of certificate.

M. D. B. 1268-9

F 25134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 25134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4323 Reisterstown Rd. St., 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie M. Hardesty.

(a) Residence: No. 4323 Reisterstown Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen B. Hardesty.

6. DATE OF BIRTH (month, day, year) Aug. 27, 1877 Aug. 27, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	9	25/8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

FATHER

13. NAME Sweeny.

14. BIRTHPLACE (city or town) (State or country) P. G. County Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Rev. Thomas A. Hardesty.

(Address) 4323 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 6/25 1936

19. UNDERTAKER C. Vernon Lemmon.

(Address) 7611 Park Heights Av.

JUN 24 1936

Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936 to June 22, 1936

I last saw h- alive on June 14, 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(illegible)	(illegible)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) (illegible) M. D.

(Address) (illegible)

H. D. 1363-A

25135 ✓ F 25135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 44-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Weldon B. Duvall

(a) Residence: No. R. F. D. Westminster (Usual place of abode) St., Carroll Co. Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May S. Duvall

6. DATE OF BIRTH (month, day, year) Sept. 19, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	51	9	4 5-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albin L. Duvall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Barnes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harold Duvall

(Address) Westminster

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Cem. Date June 27, 36

19. UNDERTAKER C. E. McMath

(Address) Hunt Valley Md.

JUN 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936 X, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. R. Ardelin M. D. Coroner

(Address) 737 W. 40th

OCCUPATION is very important. See instructions on back of certificate.

F 25136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25136

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Chelsea Terrace Ward) 15-E

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Winneberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 2133 Chelsea Terrace Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm F. Winneberger

6. DATE OF BIRTH (month, day, year) Jan 24 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None prob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockdale Md.

FATHER

13. NAME Valentine Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Marie Wetkel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Marie Winneberger

(Address) 2133 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Druidridge Date June 25 1936

19. UNDERTAKER Wm Fletcher Sons

(Address) Porter & Haines

20. FILED June 25 1936 Washington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11 1936, to June 23 1936

I last saw h... alive on June 22, 19... Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Type Pneumonia	1930
Edema Pulmonis	about 1930
Myocarditis	Jan 1936
Other contributory causes of importance:	
Myocarditis	over Jan 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter D Hullett M. D.

(Address) 222 Barrow Bldg

F 25137

O.K. Schisler

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25137

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 205 Kentucky Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Schisler If U. S Veteran specify WAR None

(a) Residence: No. 205 Kentucky St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E Schisler

6. DATE OF BIRTH (month, day, year) Sept 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Trust Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Fair Md

FATHER

13. NAME Nicholas Schisler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. Harry Schisler

(Address) 205 Kentucky Ave Cor Eden Crofton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 24 1932

19. UNDERTAKER The Fred W Foss

(Address) Notre Dame

FILED JUN 24 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931 to June 21, 1932

I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Angina Pectoris	
II Coronary Sclerosis	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Claud Swink M. D.

(Address) 4706 Gough Bal

14744

25138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25138

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Mitter

(a) Residence: No. 1320 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcus

6. DATE OF BIRTH (month, day, year) 7-8-1875 ~~7-8-1875~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
[redacted] 60	60	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME Tom Bugg (Dead)

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Lucy (Dead)

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6-26 1936

19. UNDERTAKER Charles H. Alexander (Address) 918 Druid Hill Ave.

20. FILED [illegible] Registrar.

JUN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/18, 1936 to 6/21, 1936

I last saw her alive on 6/21, 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
Arteriosclerosis	?
Senility	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hospital

F 25139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Park Ave. St., 11-3 Ward)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles G. Gens

(a) Residence: No. 508 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Jan. 29 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Music Teacher

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Carl G. Gens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elmer E. Gens
(Address) 510 E. 35th St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 25 1936

19. UNDERTAKER John G. Bellamy
(Address) 515 Light St.

20. FILED JUN 24 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
a.	
Myocarditis	
Chronic nephritis	
Arteriosclerosis	
.....	

Other contributory causes of importanre: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Orin B. Wallace M. D.
Attending Physician or Coroner

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 25140 '26

M. D. B 1268-9

25140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potters Field Date June 24, 1926

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Data al ansat
Fractured skull & fracture of humerus	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Probably Accident Date of Injury June 5, 1926

Where did injury occur? Baltimore & Ohio R.R. Yard

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Baltimore & O.R.R. Yards

Manner of injury Probably struck by train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) W. F. W. Wright M. D.

Coroner

(Address) 101 C.S. Holland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25141

25141 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 1400 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stanley

(a) Residence: No. 2261 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 - 1936

7. AGE Years	Months	Days	If LESS than 1 day 9 hrs. 29 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ...
(State or country)

FATHER

13. NAME Richard Stanley

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Jean Wallace

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Date June 24 1936

19. UNDERTAKER
(Address)

24 1936 ... Registrar.

2403

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Bernard J. Altmann M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

F 25142

25142 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 65 161-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Mc Cubbin St., (6) Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Garris

(a) Residence: No. 1713 Mc Cubbin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12 - 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 2 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Goldie Garris

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mamie Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date June 24, 1936

19. UNDERTAKER
(Address)

20. FILED 6-24-1936 ..... Registrar

2402 Off. 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Israel J. Peterman, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25143

25143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2824 Westfield Ave St., 27-7 Ward

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Capezio

(a) Residence: No. 2824 Westfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Philomena Coviello Capezio

6. DATE OF BIRTH (month, day, year) March 7th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Domenic Capezio
(Address) 2824 Westfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 22 1936

19. UNDERTAKER Frank V. Lipitone
(Address) 2818 E. Baltimore St

24 1936 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1936 to June 22 1936

I last saw him alive on June 22 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows.

	Date of onset
Myocarditis (chronic)	1/1/36

Other contributory causes of importance:

Articular Rheumatism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify no

(Signed) Eugene L. Cesaro M. D.

(Address) 514 Drury Lane

OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 25144

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25144

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 West Saratoga St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George R. Schleigh U.S. Veteran specify AR

(a) Residence: No. 1906 W. Saratoga St, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Grace M. Schleigh

6. DATE OF BIRTH (month, day, year) Nov. 29th, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asst to. City Fire Dept.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME William Schleigh

14. BIRTHPLACE (city or town) Baltimore (State or country) Md,

MOTHER

15. MAIDEN NAME Anna M. Jenkins

16. BIRTHPLACE (city or town) Kentucky (State or country)

17. INFORMANT Grace M. Schleigh (Address) 1906 West Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 25 1936

19. UNDERTAKER Chas F Loquerton (Address) 115 N. Mt Royal Ave

24 1836 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23rd 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above, Between 1 P.M. and 4, P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	June 23rd 1936

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

25145

F 25145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts St., 16-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 1933 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Shannon

(a) Residence: No. Balto. City Hospt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eula

6. DATE OF BIRTH (month, day, year) 6-8-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live stock dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Giles Co., (State or country) Va

FATHER

13. NAME William

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Lucy Bush

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dublin Va Date June 25 1936

19. UNDERTAKER Howard E McCance (Address) Abingdon Md

24 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19, to 6/23, 1936

I last saw him alive on 6/23, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

25146 F 25146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 E. 36th St., 9-3 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie E. Wilder

(a) Residence: No. 621 E. 36th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Wilder

6. DATE OF BIRTH (month, day, year) Jan. 21, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER

13. NAME Charles Wilkerson

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MOTHER

15. MAIDEN NAME Mary Coster

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT Margaret Joy
(Address) 621 E. 36th St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 25 1936

19. UNDERTAKER John E. Penny
(Address) 715 Eiut st

FILED JUN 24 1936 Clayton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to June 23d, 1936

I last saw her alive on June 23rd 1936 Death is said to have occurred on the date stated above, at 1.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Apr. 25, '33.
Other contributory causes of importance: Cerebral hemorrhage	June 19th.

Was an operation performed? no Date of - -

For what disease or injury? - - -

Name of operation - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Kleibel M. D.

(Address) 1224-1226 Hanover St.

F 25147.

F 25147. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-a-146

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Md. Hospital St. - 22 - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Evelyn Doris Rollan

(a) Residence: No. 603 S. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Rollan

6. DATE OF BIRTH (month, day, year) May 25, 1906.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June 1936.

11. Total time (years) spent in this occupation 1-2 yrs.

12. BIRTHPLACE (city or town) (State or country) Grand Rapids, Michigan

FATHER

13. NAME Carl Livingston

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Josephine Baker

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL

Place Baker Cem Date June 26 1936

19. UNDERTAKER Henry Harris Home

(Address) Eastern Ave

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936 to June 23, 1936.

I last saw h.. alive on June 23, 1936. Death is said to have occurred on the date stated above, at 1:50 P. M.

The principal cause of death and related causes of importance were as follows:

Post Partum Uremia; Acute nephritis

Date of onset

Other contributory causes of importance:

Pyelitis.

Was an operation performed? Yes Date of June 19, 1936.

For what disease or injury? Birth of child

Name of operation Parturition Date of June 19, 1936.

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

25148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25148

CERTIFICATE OF DEATH

98

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lepke

(a) Residence: No. 639 S. Decker Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Lepke

6. DATE OF BIRTH (month, day, year) 11-27-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Lepke (deceased)

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary (deceased)

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 26 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

JUN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1936 to 6-22 1936

I last saw h[illegible] alive on 6-22 1936 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene of Feet, Bilateral	?
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frank Nelson Jr. M. D.

(Address) Balto. City Hosp.

(Zakerzewska) ✓

F 25149

M. D. B. 1261-3

F 25149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25-5-97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Curtis Ave. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. / mos. / ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Zakerzewska.

(a) Residence: No. 4900 Curtis Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Jacob Zakerzewska.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ludwig Makowski.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Stanley Swabowsli.

(Address) 4900 Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.R.Co. Date June 26 1936

19. UNDERTAKER W. S. Zralkowski

(Address) 2002 Eastern Ave

20. Filed [illegible] Registrar.

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.

(Coroner)

6/24/36 Address 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 25150

F 25150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 20-4 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Ernest Rudolph

(a) Residence: No. 104 S. Calverton Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude

6. DATE OF BIRTH (month, day, year) 4/10/82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn

FATHER

13. NAME John Rudolph

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma Erskine

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Phila Pa Date June 27 1936

19. UNDERTAKER John C. Miller (Address) 1700 N. Charles St.

20. FILED JUN 24 1936 Registrar. RFK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936, to June 24, 1936. I last saw him alive on June 24, 1936. Death is said to have occurred on the date stated above, at 405 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic Fever	1926
Rheumatic Heart Disease	1926

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw D Grossman M. D.

(Address) The Johns Hopkins Hospital

OCCUPATIONS is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Mazan

F 25151

M. D. B 1265-9

F 25151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Conn St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Mazan If U. S. Veteran specify WAR .....

(a) Residence: No. 106 S. Conn St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) May 18 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

FATHER

13. NAME Carroll Mazan

14. BIRTHPLACE (city or town) (State or country) Austria Poland

MOTHER

15. MAIDEN NAME Fannie Kurtz

16. BIRTHPLACE (city or town) Balto. (State or country) Maryland

17. INFORMANT Mrs Frank Mazan
(Address) 106 S. Conn St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 25. 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED JUN 25 1936 Registered No. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	
Probably from Thyroxin	

Other contributory causes of importance:
Probably influenza

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

N 25 1936

M. D. P. 1268-9

F 25152

25152 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Bayard St St., 21-W Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) Unknown

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Wallace

(a) Residence: No. 1216 Bayard St St., ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo. McCreek (Address) 1216 Bayard St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date June 24 36

19. UNDERTAKER Wash Briggs (Address) 124 Harlem Ave

20. FILED 25 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 36

22. I HEREBY CERTIFY, That I attended deceased from June 17 36 to June 23 36

I last saw her alive on June 23 1936 Death is said to have occurred on the date stated above, at 1230 m. PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-renal disease	4

Other contributory causes of importance:

Old age	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John V. Gaines M. D.

(Address) 1216 Bayard St

F 25153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25153

CERTIFICATE OF DEATH

34-J-92-a

1. PLACE OF DEATH — U-14690 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hill

(a) Residence: No. 507 N. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marie

6. DATE OF BIRTH (month, day, year): 5-25-1905

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? — do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Marie Hall

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date June 27 1936

19. UNDERTAKER: Edw. Bryan
(Address) 1642 Orleans St.

Filed JUN 25 1936, 19... Registrar. Ft. Lingley Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/15, 1936, to 6/23, 1936

I last saw him alive on 6/23, 1936 Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Aortic insufficiency	?
Other contributory causes of importance:	

Was an operation performed? ... Date of ... do

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A. Reiter, M. D.
(Address) Balto City Hosp.

25154 F 25154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Lloyd Hall Ave St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Thomas

(a) Residence: No. 2018 Lloyd Hall Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Thomas

6. DATE OF BIRTH (month, day, year) Auburn 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	approx 68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Estelle Dillemuth (signed)
(Address) 2018 Lloyd Hall

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/25/36 19

19. UNDERTAKER Mrs. Geo N. Holland
(Address) 1631 Pennsylvania Ave

20. FILED JUN 25 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 22, 1936

I last saw h alive on June 21, 1936. Death is said to have occurred on the date stated above, at ..... p. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset May 1936
& generalized Anasarca

Other contributory causes of importance: Chronic Parenchymatous Nephritis — Date of onset unknown
Hypertension

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. H. Young M. D.

(Address) 1211 N. Eutaw St

F 25155

F 25155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 W. Conway St. St. 22-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jerry McGee,(c)

(a) Residence: No. 718 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice McGee.(c)

6. DATE OF BIRTH (month, day, year) August 22,1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	48	9	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 0074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Jessie McGee.(c)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Kate Hutchens(c)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Beatrice McGee.(wife)
(Address) 718 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Halifax NC Date June 25 1936

19. UNDERTAKER Robert E. Williams
(Address) 1515 McCulloh St
Huntington Avenue

FILED 19 Registrar. 6/23/36

N 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20,1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of the heart	
Homicide	6/20/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 6/20/36

Where did injury occur? 109 W. Conway St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 109 W. Conway St.

Manner of injury Pistol shot wound.

Nature of injury of the heart.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Otto E. Reinhardt M. D.
Coroner

6/23/36 (Address) 1017 S. Charles

OCCUPATION is very important. See instructions on back of certificate.

F 25156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 32-c F 25156

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME John Thomas

(a) Residence: No. 938 N. Pine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (sepl)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Thomas (separated)

6. DATE OF BIRTH (month, day, year): 7-15-81

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
✓ 54	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Wm. Thomas

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Susie Elaine

16. BIRTHPLACE (city or town) (State or country): ? /

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Auburn Cemetery Date: June 25-36

19. UNDERTAKER: Adolphus Halsted
(Address): 718 Edmondson Ave.

JUN 25 1936

Huntington Williams Reg.

OCT 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/9, 1936 to 6/21, 1936

I last saw him alive on 6/21, 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polyserositis, probably Tbc	3 mos.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 63 no
If so, specify

(Signed) Tobin Wemler M. D.

(Address) Bello City Hosp

F 25157

F 25157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 14411 Baltimore City Hospitals St. 9-w Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Ostendorf

(a) Residence: No. 502 E. 26th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugene Ostendorf

6. DATE OF BIRTH (month, day, year): 7-9-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	26	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Factory-worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paper box factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balti ore, Md.

FATHER

13. NAME: Henry Kisstler

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Annie Edchison

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Recor s
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Presbyterian Grave Date 6/26, 36

19. UNDERTAKER: Williams Geo. C.
(Address) 1217 N. Paul St.

20. FILED , 19 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1936 to 6/23, 1936

I last saw her alive on 6/23, 1936 Death is said to have occurred on the date stated above, at 2p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bacterial endocarditis	2 mo.
Rheumatic heart disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

N 25 1936

F 25158

F 25158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No. 27-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 St Ambrose Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Margaret Henderson,

(a) Residence: No. 3404 St Ambrose Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Henderson,

6. DATE OF BIRTH (month, day, year) August 9, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	44	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Md.

FATHER

13. NAME E. Nelson Rittase.

14. BIRTHPLACE (city or town) (State or country) Littlestown Penna.

MOTHER

15. MAIDEN NAME Margaret J. Wertmiller,

16. BIRTHPLACE (city or town) (State or country) Trenton Baltimore Co. Md.

17. INFORMANT Geo J Henderson

(Address) 3404 St Ambrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date JUN 27 1936

19. UNDERTAKER Geo M Sisk

(Address) 2700 Edmondson Ave.

Huntington Williams, Registrar.

20. FILED JUN 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug - 1935 to June 24 1936

I last saw him alive on 6/24 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma.	
	Nov
	1
	'35

Other contributory causes of importance:

Was an operation performed? Exploratory Date of Aug 35

For what disease or injury? Pelvic mass

Name of operation Exploratory Date of Aug 35

What test confirmed diagnosis? Mic. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Stocking M. D.

(Address) 5835 York Rd

F 25159

M. D. F. 1968-6

F 25159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. -82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No. Belvedere & Jeanes Springs Ward) 27-19

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mrs. Sarah Levy

(a) Residence: No. Hebrew Home for Aged & Infirm

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1860

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Likis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bula Ruth

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Sinkato Supt.

(Address) Belvedere & Jeanes Springs Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 6-25-36 19

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E. Baltimore St.

6 JUN 25 1936 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1930 to 6-24, 1936

I last saw her alive on 6-24, 1936 Death is said to have occurred on the date stated above, at 1155 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Hemiplegia	1926
arteriosclerosis	
Other contributory causes of importance:	
Chr. Bronchitis	
Emphysema	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Lemdale

F 25160

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25160

117-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital 4-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H Remmells

(a) Residence: No. 202 N. Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 18 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto County

FATHER

13. NAME Daniel Remmells

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Thompson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lottie Sitkoviteh

(Address) 202 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 6/26/1936

19. UNDERTAKER John J Townes & Son

(Address) 901 Hollins St.

Huntington Williams, M.D.

Registrar.

N 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/11 . 1936 to 6/23 . 1936.

I last saw him alive on 6/23 . 1936 Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/11/36
Exhaustion	6/20/36
Perforated gastric Ulcer	6/11/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/11/36

For what disease or injury? Perforated Gastric Ulcer

Name of operation Peritoneal cavity drainage Date of 6/11/36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) University Hospital

25161 HEALTH DEPARTMENT—CITY OF BALTIMORE 25161

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Norfolk ave St., 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Bressler

If U. S. Veteran specify WAR

(a) Residence: No. 4110 Norfolk ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Joseph

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66	—	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abe Bressler

(Address) 4110 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cd Date June 25 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Baltimore St

21. FILED JUN 25 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1921, to June 24, 1936

I last saw h[illegible] alive on June 24, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Several yrs.
Pulmonary Edema	1 day
Other contributory causes of importance:	
Arteriosclerosis	5 yrs.
Cholecystitis	yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation D[illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore N. Morrison M. D.

(Address) 1013 N. Charles St.

Spec.—1-36—250 Blks.

F 25162 F 25162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Vine ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude C. Liggins

(a) RESIDENCE NO. 830 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Washington

11 BIRTHPLACE OF FATHER (city or town) Raleigh (State or country) N. C.

12 MAIDEN NAME OF MOTHER Hannah J. Clark

13 BIRTHPLACE OF MOTHER (city or town) Howard Co., (State or country) Md.

14 Informant Ethel Trottman

(Address) 830 Vine St

15 Filed JUN 25 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-36

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 19 36, to June 22, 19 36, that I last saw h alive on June 22, 19 36, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mell.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic gangrene

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical, lab.

(Signed) H. Maccoll Williams, M. D.

6-24-1936 (Address) 1830 Madeira ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 25, 1936

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N Edmondson Ave

F 25163 ✓ F 25163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Norris St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Willis Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. 504 Norris St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of James E. Hopkins.

6. DATE OF BIRTH (month, day, year) Jan. 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Onancock. Virginia.

FATHER

13. NAME Isaac Bickhouse

14. BIRTHPLACE (city or town) (State or country) Onancock. Virginia.

MOTHER

15. MAIDEN NAME Stout Kilby.

16. BIRTHPLACE (city or town) (State or country) Scott Town. Virginia.

17. INFORMANT Mamie Slade

(Address) 406 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 26, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED JUN 25 1936, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936 to June 23, 1936

I last saw h[illegible] alive on June 23, 1936 Death is said to have occurred on the date stated above, at 6:09 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/20/36
Other contributory causes of importance: none	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. M. Wright, M. D.

(Address) 1536 W. Lanvale St

F 25164 ✓ F 25164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1824 Dundalk Ave St., 36-6 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha J. Cahell
If U. S. Veteran specify WAR

(a) Residence: No. 1824 Dundalk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Wm. Cahell

6. DATE OF BIRTH (month, day, year) March 22, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John Annuszewski
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Maryanna Kutkowski
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frederick Wm. Cahell
(Address) 1824 Dundalk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Cem. Date June 27, 1936

19. UNDERTAKER M. Fabalowski & Sons
(Address) 1805 Eastern Ave. Huntington Williams

FILED 25 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23d 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th 1934 to June 23d 1936

I last saw h. alive on June 23d 1936. Death is said to have occurred on the date stated above, at 12 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervicis uteri	1934
Other contributory causes of importance:	
Carcinomatosis	1936

Was an operation performed? Yes Date of Nov. 1934

For what disease or injury? Carcinoma

Name of operation Panhysterectomy Date of 11/1934

What test confirmed diagnosis? Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Anna Acenbut, M. D.
(Address) Dundalk, Md.

25165

F 25165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Stirling St., 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mike Kindbush

If U. S. Veteran specify WAR .....

(a) Residence: No. 916 Sterling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Kindbush

6. DATE OF BIRTH (month, day, year) Jan. 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Conrad Kindbush

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hattie Kindbush

(Address) 1122 Low St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 6-26 1936

19. UNDERTAKER Bryant Marie W. Knight

(Address) 1218 Mc Elderry St

20. FILED 25 1936 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19 1936 to June 24 1936

I last saw h[illegible] alive on June 23 1936 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pneumonia	June 10 36
Contributory Uremia	June 15 1936

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Allen M. D.

(Address) 507 Arlington St

F 25166 F 25166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 27-12 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant DuBois

If U. S. Veteran specify WAR

(a) Residence: No. 302 St. Vincent Rd. St. (Homelot) Ward.

(Usual place of abode) St Dunstans Rd (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 23 1936.

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or min.
✓	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Peter Dubois

14. BIRTHPLACE (city or town) Netherlands (State or country) Europe

MOTHER

15. MAIDEN NAME Rose Mary Petnick

16. BIRTHPLACE (city or town) Chicago (State or country) Ill

17. INFORMANT Peter Dubois

(Address) 302 St. Vincent Rd

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date June 24 1936

19. UNDERTAKER

(Address)

20. FILED JUN 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 to June 23, 1936

I last saw h alive on June 23, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emil Wagenseller, M. D.

(Address) St Josephs Hospital

F 25167. ✓ F 25167.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkens & Catan ave St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 8 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME T Gerese R. Harrigan — If U. S. Veteran specify WAR .....

(a) Residence: No. 62 Carville Ave. Halethorpe St., Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas R. Harrigan

6. DATE OF BIRTH (month, day, year) May 22, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓ 41	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Schlaffer

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Thos. R. Harrigan

(Address) 62 Carville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 29, 1936

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 N. Hilton St.

20. FILED JUN 25 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 25, 1936

I last saw h[illegible] alive on June 25, 1936. Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	

Other contributory causes of importance:

Peritonitis

Was an operation performed? yes Date of 6-17-36

For what disease or injury? Ruptured appendix

Name of operation appendectomy Date of 6-17-36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. D. Williamson, M. D.

(Address) St Agnes Hosp.

14638

F 25168 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25168

CERTIFICATE OF DEATH

34-J-93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Tillie Matilda Freeland

(a) Residence: No. 218 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua

6. DATE OF BIRTH (month, day, year) ~~6-18-1876~~ June 15 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
~~61~~ 55		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Clarke

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Gaither

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 6/27/36 19

19. UNDERTAKER Edw R. Williams
(Address) 322 N Schroeder St

20. FILED ...19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1936 to 6/24, 1936

I last saw her alive on 6/24, 1936 Death is said to have occurred on the date stated above, at 3:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 yrs
Hypertension	?
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. F 1268-9

25169 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25169

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2[illegible]-1 Ward)

Length of residence in city or town where death occurred 5[illegible] yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Dessel.

(a) Residence: No. 3134 Berkshire Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Anton Dessel.

6. DATE OF BIRTH (month, day, year) March 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 27 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME John Wittbecker

14. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER

15. MAIDEN NAME Mary Patton.

16. BIRTHPLACE (city or town) (State or country) Baltimore.

17. INFORMANT Anton Dessel

(Address) 3137 Berkshire Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 26, 193[illegible]

19. UNDERTAKER John Allen & Sons

(Address) 2008 Orleans St

25 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19 1936 to June 24 1936

I last saw her alive on June 23 1936. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease.	6 years

Other contributory causes of importance:

Secondary anemia.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Myers, M. D.

(Address) Church Home & Inf.

25170

✓ F 25170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 27-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Robert Kajerdtt,

(a) Residence: No. 5805 Bland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) January 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 3-25-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Isaac W. Kajerdtt

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hilma Wickholm

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 26 1936

19. UNDERTAKER John Bellner
(Address) 2008 Orleans

20. FILED JUN 25 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 24, 1936

I last saw him alive on June 24, 1936. Death is said to have occurred on the date stated above, at 9:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown
Thrombosis of coronary artery	"
Other contributory causes of importance:	
Arteriosclerosis, general	"

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. N. a dun. M. D.

(Address) U.S. Marine Hospital, Balto.

Spec.—9-30—A. & Co.—250 Blks

F 25171

25171 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 5001 Alhambra Ave. ST. 77-10 WARD)

2-FULL NAME Andrew F. Fisher

(a) RESIDENCE NO. 5001 Alhambra Ave. ST.. WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Kearney

6 DATE OF BIRTH (month, day, and year) 4/9/1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County - within present city limits

PARENTS

10 NAME OF FATHER Molyneaux Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kearney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary E. Fisher.
(Address) 5001 Alhambra Ave

15 Filed ..., 1936 ... Registrar

25 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23rd 1936

17

I HEREBY CERTIFY, That I attended deceased from March 9th, 1936, to June 23rd, 1936

that I last saw him alive on June 23rd 1936

and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

arteriosclerotic heart disease.

Known (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) A. S. Chalfant M. D.

June 23rd, 1936 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 6/26 1936
20 UNDERTAKER John J. Hughes	ADDRESS 1316 Eutaw St.

25172

✓ F 25172

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46-c

Registered No. .....

1. PLACE OF DEATH Univ Hospital

CITY OF BALTIMORE: (No. ..... St., 4 N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James White

(a) Residence: No. 15 Walker Ave Pikesville St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE 73 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Johanna Tracy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Joseph McCusker

(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL Place St Charles Cem Date June 27 1936

19. UNDERTAKER Chas F. Wade & Son

(Address) 118 W Mt Royal Ave

25 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/22 1936 to 6/24 1936

I last saw h[illegible] alive on 6/24 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	6/14/36
Carcinoma of Colon.	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C M Reese M. D.

(Address) Univ Hospital

F 25173

25173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH: Homewood Apts. R 6

CITY OF BALTIMORE: (No. Charles and 31st. Sts., St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Joseph McCarey.

(a) Residence: No. Charles and 31st. Sts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen McCarey

6. DATE OF BIRTH (month, day, year): Jan. 15th. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Past Master P.E.I.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charlottetown P.E.I. Prince Edward Island Canada

FATHER

13. NAME: Patrick McCarey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Mina

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Helen W. McCarey

(Address): Homewood Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: June 27th. 1936

19. UNDERTAKER: Chas. F. Grace & Son

(Address): 118 W. Mt. Royal Ave.

20. FILED: JE 25 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24th. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936 to June 24, 1936

I last saw him alive on June 24, 1936 Death is said to have occurred on the date stated above, at 5:45p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Acute cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. Lovatas M. D.

(Address) 1212 St. Paul St.

(Macsherry) ✓ F 25174

25174 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Woodlawn Rd. 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emily Hillen Macsherry

(a) Residence: No. 325 Woodlawn Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allan Macsherry

6. DATE OF BIRTH (month, day, year) Apl 15 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	81	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housekeeper~~ none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Solomon Hillen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emily O'Donnell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Richard Macsherry
(Address) 325 Woodlawn Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Jan 26 1936

19. UNDERTAKER Henry H. Perkins Sons Co
(Address) McCulloh & Orchard Sts.

[illegible] Huntington Williams, Jr. Mar.

25 1936

RPP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24 1936 to June 24 1936

I last saw him alive on June 24 1936. Death is said to have occurred on the date stated above, at 9.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	10-21-36
Other contributory causes of importance: Bronchial Pneumonia resulting	10-21-36
Enteritis Acholosis	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Gibson Porter M. D.

(Address) 4822 Roland Ave.

M. D. B 1268-9

F 25175

25175 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-7

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 E. 29th St. St.) 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Elmer J. Hammer Jr.

(a) Residence: No. 309 E. 29th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 12, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Law student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Elmer J. Hammer Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Knieriem.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elmer J. Hammer Sr. (father)
(Address) 309 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date June 27, 1936

19. UNDERTAKER Henry H. Kaufmann & Son
(Address) 4204 Edmondson Ave

20. FILED JUN 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Accidental Monoxide gas poisoning.	6/25/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 6/25/36

Where did injury occur? 309 E. 29th St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Myocardial Insufficiency

Nature of injury Accidental Monoxide gas.

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Otto H. Leonhardt, M. D.
Coroner

6/25/36 (Address) 1017 S. Charles St.

JUN 26 1936

M. D. B. 1246

F 25176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25176

CERTIFICATE OF DEATH

5120

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2578 Edmondson Ave St., 16-5 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph C. Hughes

(a) Residence: No. 2578 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Ida B. Hughes

6. DATE OF BIRTH (month, day, year) July 2, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lamplighter 4 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Utilities Co

10. Date deceased last worked at this occupation (month and year) 8 mos.

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Hughes

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Ida B. Hughes

(Address) 2578 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pinelawn Date 6/27 19 36

19. UNDERTAKER Mr Cole

(Address) 1217 E Fayette St

20. FILED JUN 26 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 25, 1936

I last saw him alive on June 24 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Aortic-valvular Heart disease for many years.	
Other contributory causes of importance: Acute Aortic-valvular Insufficiency	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Kaufman M. D.

(Address) 1605 N. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 268 F 25177 F 25177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St., 12-2 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No Record

2. FULL NAME Mrs Nellie Conway

(a) Residence: No. 1609 St Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Frank Conway

6. DATE OF BIRTH (month, day, year) May 27th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Jacob Gore

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Lucretia Stanford

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Phillip A. Hunter

(Address) 807 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 27th 1936

19. UNDERTAKER Wm Cook

(Address) 2217 St Paul St

20. FILED [illegible] Registrar.

N 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-21-36. 19 to 6-24-36. 19

I last saw her alive on 6-24-36. 19 Death is said to have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism — Date of onset 6-23-36

Other contributory causes of importance:

Chronic Infectious Arthritis — 1934

Name of operation Amputation both legs / cath & — Date of 6-23-36

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) W 6 4th

M. D. B. F 25178

F 25178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 2-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Anna Smith

(a) Residence: No. 316 S. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30/1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry B. Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Zacharde

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry B. Smith (Father)
(Address) 316 S. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date June 29 19 36

19. UNDERTAKER Lilly-Bullenkamp
(Address) 403 S. Wolfe St.

20. FILED 19 Registrar

JUN 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(acute Peritonitis	
ruptured Pus) appendix.	
(verminformis)	

Other contributory causes of importance:

Was an operation performed? yes Date of June 24 36

For what disease or injury? appendicitis

Name of operation Exploratory Date of June 24

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 1018 S. Ellwood Ave.

M. D. B 1268-2

F 25179

F 25179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Gilmore St., 19-26 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie Johnson

(a) Residence: No. 228 N. Gilmore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winston Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private

10. Date deceased last worked at this occupation (month and year) 6-22-36

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elizabeth Washington (daughter)
(Address) 228 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date June 26 1936

19. UNDERTAKER Charles H. Cooper
(Address) 614 N. Calhoun St.

20. FILED JUN 26 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

10 a.m.

21. DATE OF DEATH (month, day, year) June 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B 1268-9

F 25180

F 25180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 174

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Matthias Boyd

(a) Residence: No. 681 W. Mulberry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 23, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Major Boyd

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie Todd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Chas. Boyd

(Address) 571 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 6/26 19 36

19. UNDERTAKER Chas. F. Cooper

(Address) 314 N. Callowhill St.

20. FILED Huntington Williams, M.D. Registrar.

JUN 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury June 22, 1936

Where did injury occur? 318 N. Pine St. Balto.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Saloon)

Manner of injury Stab Instrument Undetermined

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. H. Claudius M. D.
Coroner

(Address) 727 N. Mon.

25181 301

F 25181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William R Smith

(a) Residence: No. Winnsboro St., Ward. S. Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julee

6. DATE OF BIRTH (month, day, year) 7-15-98

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

FATHER

13. NAME C L Smith

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Ella Blair

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records JHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Winnsboro S.C. Date July 28 1936

19. UNDERTAKER John Ortwitchell & Sons
(Address) 1900 Eastern Ave Baltimore, Md

Registrar.

N 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936 to June 25, 1936

I last saw him alive on June 25, 1936. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	March 1936
Other contributory causes of importance:	

Was an operation performed? Ye Date of 6/25/36

For what disease or injury?

Name of operation Left cranio tmy Date of Ye

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

F 25182

F 25182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Springdale Avenue St., 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Hubbard

If U. S. Veteran specify WAR

(a) Residence: No. 4501 Springdale Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Gumpman

6. DATE OF BIRTH (month, day, year) Mar. 27, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh North Carolina

FATHER

13. NAME John B. Hubbard

14. BIRTHPLACE (city or town) (State or country) ------- North Carolina

MOTHER

15. MAIDEN NAME Elizabeth O'Grady

16. BIRTHPLACE (city or town) (State or country) ------- North Carolina

17. INFORMANT Mrs. Emma V. Hubbard

(Address) 4501 Springdale Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 6/27 1936

19. UNDERTAKER Henry H. Mears and Son

(Address) 805 N. Calvert St.

20. FILED JUN 29 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4, 2, 11

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
&	

Other contributory causes of importance: Chronic Appendicitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Hand M. D.

Coroner

(Address) 1215 Hanover

F 25183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25183

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 932 N. Gay et St., 10-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Bosehart

If U. S. Veteran specify WAR

(a) Residence: No. 932 N Gay st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Bosehart

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lavie Schutz

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Charles Bosehart

(Address) 932 N Gay st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date June 26 1936

19. UNDERTAKER Henry Lutz

(Address) 1203 W Broadway

FILED JUN 26 1936

Huntington Ave., Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936 to June 25, 1936

I last saw him alive on June 24, 1936 Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Myo-Cardial Insufficiency	June 16 1936
(Blue baby)	

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Josh L. Valentine M. D.

(Address) 16 E. Broadway

M. D. B 1268-9

F 25184

F 25184 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×159

1. PLACE OF DEATH Johns Hopkins Hospital - 5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Morokosky

(a) Residence: No. Edgewood, Md. St., ... Ward. Maryland.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Bohus Morokosky

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Amelia Hoajes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Bohus Morokosky

(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Francis, Abingdon, Md. Date June 27 1936

Place

19. UNDERTAKER Howard K. McComas

(Address) Abingdon, Md.

20. FILED ..... 19..... By ..... Registrar.

JUN 26 1936 H. E. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation None Date of ..... No.

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schember M. D.

Coroner

(Address) 1918 E. North ave, ...

M. D. B. 1936

F 25185

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25185

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 133 E. Birckhead St. St. 23-1 Ward)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Johnson

(a) Residence: No. 133 E. Birckhead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Aranah Johnson

6. DATE OF BIRTH (month, day, year): Feb. 24 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John W. Johnson

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Catherine Anderson

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Aranah Johnson
(Address): 133 E. Birckhead St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Ceme. Date: June 29 1936

19. UNDERTAKER: I. Few McCauley
(Address): 130 E. Fort Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17 1936 to June 25 1936

I last saw h[illegible] alive on June 25 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 mos.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Birkhead M. D.

(Address) 1179 Dolphin St.

F 23186 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25186

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Walnut Ave St., Druid Hill Ward 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Sara Eliza Eckemendia

(a) Residence: No. 901 Walnut Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leandro Eckemendia

6. DATE OF BIRTH (month, day, year): Apr. 17, 1856

7. AGE: Years 80 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Geo. W. Grubb.

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Eliza McGinnis

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Mrs. Alfred A. Euker 901 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date June 26 1936

19. UNDERTAKER (Address): Wm. Hockley Sons Adolph Kramer.

20. FILED JUN 26 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to June 24 1936

I last saw her alive on June 16 1936. Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism — Date of onset: —

Other contributory causes of importance: Arteriosclerosis.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wilmer Fort M. D.

(Address) 202 E. Preston St. Baltimore, Md.

F. M. No. 25187.

F 25187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth 52 yrs. 9 mos. 16 ds.

2. FULL NAME Archibald Jamison Hunter If U. S. Veteran specify WAR. NONE.

(a) Residence: No. (Catonsville) St., Ward. Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Lawton Hunter

6. DATE OF BIRTH (month, day, year) Sept 9 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance 0086

10. Date deceased last worked at this occupation (month and year) June 24 1936

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland

FATHER

13. NAME Lloyd Hunter

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Florence Slingluff

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs A J Hunter - wife

(Address) Paradise Av. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 27 1936

19. UNDERTAKER Sheirard Moore Co.

(Address) 108 W North Ave. Huntington Williams, Md.

19 Registrar.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1912 E. North ave.

M.D. 25188

F 25188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Johns Hopkins Hospital 82-a

CITY OF BALTIMORE: (No.) St. 27-10 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles R Gonce — If U. S. Veteran specify WAR .....

(a) Residence: No. 613 Springfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Gertrude Gonce

6. DATE OF BIRTH (month, day, year) 5/16-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Butte Mt

FATHER

13. NAME Wm H Gonce

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ellie Clautice

16. BIRTHPLACE (city or town) (State or country) Butte Mt

17. INFORMANT Anna Gonce
(Address) 613 Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/26/36 19

19. UNDERTAKER Leonard D Roach
(Address) 53-5 Fayette St

FILED JUN 26 1936 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis (Non Epidemic)	
Cerebral Hemorrhage	
Stroke	

Other contributory causes of importance: Sec Hx of Cerebral Arterit

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) Hubert Hurley Autz, M. D.
Coroner

(Address) 907 N Charles

14823 ✓ F 25189

F 25189 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Runge

(a) Residence: No. 510 N. Madeira St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 11-28-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter (Helper)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Runge

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhill Date June 29. 1936

19. UNDERTAKER Frank Gotsch & Son

(Address) 1005 Ashland Ave

20. FILED JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25. 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/22. 1936 to 6/25. 1936

I last saw him alive on 6/25. 1936 Death is said to have occurred on the date stated above, at 5 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 wk.
Rheumatic heart disease	5 yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 25190

25190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred NB yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robinson, Baby Boy

(a) Residence: No. 109 N. Janney St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	N.B. Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-36

7. AGE Years	Months	Days	If LESS than 1 day 3 hrs. or min.
N.B.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME August

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dorothy Hartmen

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Med School Date June 26, 19

19. UNDERTAKER
(Address)

20. FILED Huntington Williams, M.D.
26 1936 2403

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from — 19 to 19

I last saw him alive on June 22, 1936 Death is said to have occurred on the date stated above, at 7 5/6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
atelectasis	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Catherine Weller M. D.

(Address) Baltimore City Hospitals

25191 ✓ F 25191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Baker

(a) Residence: No. 922 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-13-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Amos

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jessie Drew

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place U of M Med School Date June 26 1936

19. UNDERTAKER [illegible]
(Address)

JUN 26 1936 '36 19 Registrar

2408

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1936 to 6-23 1936

I last saw him alive on 6-23 1936. Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 6-23-36

Other contributory causes of importance:

Prematurity — 6-13-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R B Josey M. D.

(Address) Baltimore City Hospitals

25192

F 25192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Boswell

(a) Residence: No. 6106 Reisterstown Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-23-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. 2 or min. 23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Florence Boswell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holmes School Date June 24 1936

19. UNDERTAKER

(Address)

20. FILED 1936 Registrar

2407 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1936 to 6-23 1936

I last saw h W alive on 6-23 1936. Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6-23-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B Josey M. D.

(Address) Baltimore City Hospital

25193 ✓ F 25193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

U-14674

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 36th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Bishop

(a) Residence: No. Baltimore City Hospitals St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. ? 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington, Ky.

MOTHER FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Elizabeth McIntosh

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT B.C.H. Records
(Address)

18. ~~BURIAL~~ CREMATION, OR REMOVAL.
Place U of M Med School Date Jan 26, 1936

19. UNDERTAKER
(Address)

20. DATE 1 26 1936 Huntington Williams & Co 2405

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/15, 1936 to 6/22, 1936

I last saw him alive on 6/22, 1936 Death is said to have occurred on the date stated above, at 5:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 25194

F 25194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH St Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens av St. 71-3rd Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Weatherall Charles R. Weatherall If U. S. Veteran specify WAR

(a) Residence: No. 720 Carrell St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 8, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Thomas Charles Weatherall

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Pumphrey

16. BIRTHPLACE (city or town) Washington (State or country) D. C.

17. INFORMANT Mr. Thomas Weatherall
(Address) 720 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date June 29 1936

19. UNDERTAKER C. B. Cook
(Address) 1005 W. Baltimore St.

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/16, 1936 to 6/25, 1936

I last saw h[illegible] alive on 6/25 1936 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute rheumatic fever	3 mos
b. Rheumatic pancarditis	2 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos E Roache M. D.

(Address) St Agnes Hospital

M. D. B. 1968-

F 25195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25195

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4724 Pimlico Road St., 27-16 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida V. Pothast

(a) Residence: No. 4724 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Pothast, Sr.

6. DATE OF BIRTH (month, day, year) September 18, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	67 68	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George W. Brown

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah A. Gray

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. William H. Pothast, Sr.
(Address) 4724 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date June 27 1936

19. UNDERTAKER [illegible]
(Address) 1005 W. Baltimore St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936 to June 24, 1936

I last saw her alive on June 24, 1936 Death is said to have occurred on the date stated above, at 8:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
	well

Other contributory causes of importance:

Acute Dilatation of Heart	June
Pulmonary Oedema	19th

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) A. C. Samuel, M. D.

(Address) 4509 Liberty Heights Ave.

5196 B 1268-9

✓ F 25196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Lamman St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Cherry

(a) Residence: No. 1829 Lamman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 24 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lackey Cherry

14. BIRTHPLACE (city or town) (State or country) Winston-Salem N.C.

MOTHER

15. MAIDEN NAME Wiley Williams

16. BIRTHPLACE (city or town) (State or country) Winston-Salem N.C.

17. INFORMANT Lackey Cherry

(Address) 1829 Lamman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 27 1936

19. UNDERTAKER C. A. Brooks

(Address) 1463 N. Carey St

Huntington Williams, Mgr

20. FILED ..... 19 ..... Registrar.

26 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 8 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Valvular Heart lesion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Hann M. D.

Coroner

(Address) 1216 Hanover

✓ F 25197.

25197. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+95-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St. 25-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Addison E. Wilson

(a) Residence: No. Frost Ave., Cat. md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary Bounds

6. DATE OF BIRTH (month, day, year) Nov 5 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gov't

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mr. Addison Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 27 1936

19. UNDERTAKER Lemmy W. Perkins Bros Co

(Address) McCulloh & Richardson

26 1936 ~~Registrar~~ RFW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30 1936 to June 24 1936

I last saw him alive on 24 of June 1936 Death is said to have occurred on the date stated above, at 10 A.M. 6-24-36

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Arteriosclerotic cardio-vascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meeh M. D.

(Address) St Agnes' Hospital

M. D. B 1268-9

✓ F 25198

F 2519[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH University Hospital CITY OF BALTIMORE: (No. ..... St. 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen L. Sroda

(a) Residence: No. 1106 S. Bonny St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 19 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Wilmington (State or country) Del

FATHER

13. NAME John Sroda

14. BIRTHPLACE (City or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Tarzyczka

16. BIRTHPLACE (City or town) (State or country) Poland

17. INFORMANT John Sroda (Address) 1106 S. Bonny St

18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Date June 27 1936

19. UNDERTAKER Stephen A. Kalkowski Inc (Address) 1000 S. Kenwood Ave

FILED [illegible] 26 1936 [illegible] Registrar.

R. F. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/36 - 2 A.M.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest final that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/25 1936

Where did injury occur? Bonny Ave near Annapolis Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Nature of injury Struck by automobile while crossing Highway

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Herbert F. Duley Auto M. D. Coroner

(Address) 907 N. Charles St

25199

✓ F 25199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St.) (Ward) 7-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Hattie Wurtzburger

(a) Residence: No. 1036 North Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) January 27 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	4	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent at this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore - Md

FATHER

13. NAME Michael Wurtzburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jeanette Hahn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Wurtzburger (Address) 1036 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Shaw Friendship Date 6 28 1936

19. UNDERTAKER J. H. Young Sons (Address) 1432 Pennsylvania Ave

Filed JUL 26 1936 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1936, to 6-26 1936

I last saw her alive on 6-26 1936. Death is said to have occurred on the date stated above, at 5.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	
over	

Other contributory causes of importance:

Dyspnoea - Cardiac failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stokes M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9

F 25200

25200 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164

Registered No. .....

1. PLACE OF DEATH Garage in back of
CITY OF BALTIMORE: (No.) 2121 Kirk Ave St. 9-8 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James D. Woodward

(a) Residence: No. 2121 Kirk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Woodward (nee Lewis)

6. DATE OF BIRTH (month, day, year) Sept 15, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39 yrs	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobbing Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) 6-36

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME John M. Woodward

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Mary Louise

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Mrs Robert Krauss (Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL St. Johns Cemetery Annapolis Date June 22 1936

19. UNDERTAKER Elmer W. Conklin (Address) 4 E. Eager St.

JUN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon-Monoxide Poisoning (Exhaust fumes from Car)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury June 20 1936

Where did injury occur? (Specify city or town, county, and State) Rear 2121 Kirk Ave. Baltimore

Specify whether injury occurred in industry, in home, or in public place Garage in back of home

Manner of injury Closed Garage door & Left motor Car running.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Schenken Coroner M. D.

(Address) 1919 E. North Ave

M. D. B 1268-9

Fendebrake ✓

F 25201 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25201

CERTIFICATE OF DEATH

207#

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hamp Fendebrake (Fendebrake) If U. S. Veteran specify WAR

(a) Residence: No. 133 W. York St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fendebraker Fendebrake

6. DATE OF BIRTH (month, day, year) July 20, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Dorthy Thomas
(Address) 414 W. Henerietta St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date June 29th 1936

19. UNDERTAKER Joseph A. Lively
(Address) 4929 N. Mount Street

20. FILED 19 Huntington Williamsport
JUN 27 1936 (Ohio)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows

	Date of onset
Electrocution	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 24, 1936

Where did injury occur? B&O Tunnel 25, & Oak St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Tracks of B & O R.R.

Manner of injury Sliped & fell on Third Rail

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Working on Track

(Signed) T. H. Allen M. D.
Coroner

(Address) 2752 W. Pratt

F 23202 ✓ F 28808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 #12801

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-11 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth Kramer

(a) Residence: No. 207 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 8-22-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christian Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hammel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evang. Cem. Date June 29 1936

19. UNDERTAKER George W. Zirkler
(Address) 232 [illegible]

JUN 27 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1936 to 6-25, 1936

I last saw her alive on 6-25, 1936 Death is said to have occurred on the date stated above, at 8.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hanly Wilson M. D.

(Address) Balto. City Hosp.

F.M. 25203

HEALTH DEPARTMENT—CITY OF BALTIMORE 25203

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Peach Al. St., 23-1 Ward)

Length of residence in city or town where death occurred 21 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Boswell Johnson(c)

(a) Residence: No. 915 Peach Al. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 30, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	11	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME Grant Boswell.(c)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Wilbert Johnson.(c)
(Address) 915 Peach Al.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6/27/36

19. UNDERTAKER Leach & Brownston
(Address)

20. FILED JUN 27 1936 Registrar. Washington Funeral Assn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Peritonitis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

6/26/36 (Address) 1017 S. Charles St.

F 25204

F 25204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Spring Gardens, Westport. 17-3 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth 5 yrs. mos. ds.

2. FULL NAME Harold Henry. (c)

If U. S. Veteran specify WAR

(a) Residence: No. 750 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6. DATE OF BIRTH (month, day, year): Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	//		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Indease

FATHER

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Alexander Corey. (c)
(Address) 736 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place not buried Date June 27 19 36

19. UNDERTAKER: Adolphus Halstead
(Address) 1515 Lanvale St.

Huntington Williams, M. D.
Registrar.

N 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in swimming.	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/21/36, 19

Where did injury occur? Spring Gardens.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public place.

Manner of injury: Swimming.

Nature of injury: Accidental drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

6/25/36 (Address) 1017 S. Charles St.

25205 F 25205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella May Ford

If U. S. Veteran specify WAR

(a) Residence: No. 1829 Wilhelm St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Oscar Ford

6. DATE OF BIRTH (month, day, year) Mar. 21 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME John Kanley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md,

17. INFORMANT Albert Ford (Son)
(Address) 1829 Wilhelm St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] (Date) [illegible] 27 19

19. UNDERTAKER [illegible]
(Address) [illegible]

27 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24th. 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above. 9P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide, by enhaling illuminating gas,	

Other contributory causes of importance:
Mental depression after being told that she had cancer.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Enhaled gas from stove.

Nature of injury Illuminating gas poison

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1036 Edmondson Ave.

25206

F 25206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Vincent St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James H. Parker

(a) Residence: No. 1104 Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Parker

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Wheeler Parker

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Eliza Sapps

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Albert Parker

(Address) 1534 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn cemetery Date 6/29 19 36

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st.

20. FILED 27 1936 Wellington Williams REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralyzed	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-9

F 25207

25207 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1636 Clarkson St., 23 Ward.

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan Truffer

(a) Residence: No. 1636 Clarkson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alphonse Truffer

6. DATE OF BIRTH (month, day, year) April 9, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Grabes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Truffer
(Address) 1636 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 6/29, 1936

19. UNDERTAKER Richard F. Curley
(Address) 841 Gorsuch Ave

6/27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to June 26, 1936

I last saw her ALIVE on June 26 1936 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Indefinite	
Other contributory causes of importance:	
Uremia	6/24/36

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, how?

6/27/36 (Signed) H. K. Campbell M. D.
(Address) 1644 Hanover St

F 25208

25208 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 2929 Woodland Ave St. 27-W6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 24 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Robert L. Kluge

(a) Residence: No. # 2929 Woodland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hermine A. Puhlfurst

6. DATE OF BIRTH (month, day, year) Aug 2, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Kluge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Achilas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hermine A. Kluge
(Address) 2929 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 6/ 29 /1936

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

27 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936, to June 26, 1936.

I last saw h... alive on June 25 1936. Death is said to have occurred on the date stated above, at 5 15 A.m. 5 15 AM.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Pulmonary Tuberculosis	1935
Pulmonary Hemorrhage	6/21/36
Secondary Anemia	

Other contributory causes of importance:

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.....

(Signed) Fred L. De Barbieri, M. D.

(Address) 4755 Park Heights Ave.

F 25209 F 25209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-9 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Deborah Hollander

If U. S. Veteran specify WAR

(a) Residence: No. 4015 Banner Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Hollander

6. DATE OF BIRTH (month, day, year) Jany. 5 1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Simon Fisher

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Eva Neuman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. Welfeld

(Address) 4015 Banner Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date June 28, 1936

19. UNDERTAKER Claud Bonaheim-Son

(Address) 1902 Eutaw Place

Registrar.

JUN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/22/36, 19, to 6/26/36, 19

I last saw h.C.t. alive on 6/26/36, 19 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Cerebral Hemorrhage (2)	
Bronchopneumonia	

Other contributory causes of importance:

Arteriosclerosis -

Hypertension.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Sinai Hospital

F 25210

F 25210 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13099

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Pongioli

(a) Residence: No. 35 E. Birchhead St., St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 6-7-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Louis Staudo

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Isabelle Welsh

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date June 29. 1936

19. UNDERTAKER Margaret J. Flynn
(Address) 2107 N. Fulton Ave

20. FILED 27 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1936 to 6-26 1936

I last saw her alive on 6-26 1936 Death is said to have occurred on the date stated above, at 11:25 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Welsh Jr. M. D.

(Address) Balto. City Hosp.

F 25211

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25211

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH: Md. General Hospital — Registered No. .....
CITY OF BALTIMORE: (No.) 3430 Roland Ave St., 13 Ward — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Mrs Anna M Taylor. — If U. S. Veteran specify WAR .....

(a) Residence: No. 3430 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hacie B. Taylor.

6. DATE OF BIRTH (month, day, year): May 13, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Knoche Bros.

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Will Hall

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Virginia Dofflginia

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Stanley Taylor
(Address) 1218 W-3rd St.

18. BURIAL, CREMATION, OR REMOVAL: Park Cem. Date 6/29 1936

19. UNDERTAKER: Walter R. McNamee.
(Address) 4114 Sales Road Huntington Williams, MD

JUN 27 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/16/36, 1936, to 6/25, 1936

I last saw her alive on 6/25, 19 36 Death is said to have occurred on the date stated above, at 6 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & cardiac failure.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. P. Stephens, M. D.
(Address) Md. Gen. Hosp.

F 25212

F 25212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 S. Washington St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katharine Schmitt

If U. S. Veteran specify WAR .....

(a) Residence: No. 35 S. Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Schmitt

6. DATE OF BIRTH (month, day, year) May 2-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sherman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Schmitt

(Address) Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 29 1936

19. UNDERTAKER Frederick Lassahn & Son

(Address) 7401 Belair Road

Huntington Williams, Registrar. 19 .....

N 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 26 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-2 . 19 36 to JUN 26 1936 . 19 .....

I last saw h..... alive on JUN 26 1936 . 19 ..... Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 Yr
Other contributory causes of importance: Cerebral Hemorrhage	1 Day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Signed Edward Frost M. D.

(Address) 4137 Fairmount Ave

F 25213

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25213

CERTIFICATE OF DEATH

+ 59

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul H. Trewhitt — If U. S. Veteran specify WAR ...

(a) Residence: No. Waldorf Md. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Trewhitt

6. DATE OF BIRTH (month, day, year) April 3

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME D. C. Trewhitt

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Mary Hunter

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mary Trewhitt (Address)

18. BURIAL, CREMATION, OR REMOVAL Place West DC Date 6/29/36.

19. UNDERTAKER W. W. Chandlee Co. (Address) Washington D. C.

20. FILED [illegible] Registrar.

JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-23-36, 19 ... to 6-27-36, 19 ... I last saw him alive on 6-27-36, 19 ... Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock.	6-27-36
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? Yes Date of 6-27-36.

For what disease or injury? Cholelithiasis Jaundice.

Name of operation Exploratory Lap. Date of 6-27-36

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Laurence H. Mills M. D.

(Address) Mercy Hospital.

F 25214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25214

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. GREEN St. 11-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. 6 mos. ..... ds.

2. FULL NAME AGNES UNITAS

If U. S. Veteran specify WAR .....

(a) Residence: No. 110 N. GREEN St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MATHEW UNITAS

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LITHUANIA

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME AGNES GUDAITIS

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mathew Unitas

(Address) 110. N. Green St.

18. BURIAL, CREMATION, OR REMOVAL

Place HOL. RED. Date JUNE 29 19 36

19. UNDERTAKER J. GREBLIAUSKAS

(Address) 423. S. Paca St.

JUN 28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 25, 1936

I last saw her alive on June 25, 1936 Death is said to have occurred on the date stated above, at 5.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	?
Other contributory causes of importance: Intestinal Obstruction	5 weeks

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Allen Deckert, M. D.

(Address) 1123 St Paul St

F 25215

F 25215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 N. Bond St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robt. S. Glass Sr

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1433 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary E. Glass

6. DATE OF BIRTH (month, day, year) Nov 5th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt do

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Glass

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hamlett ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Glass

(Address) 1433 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 29th 36

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED JUN 29 1936 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1936 to 6/26, 1936

I last saw her alive on 6/26, 1936 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	6/10/36
Other contributory causes of importance: Myocardial degeneration	6/21/36

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical sign Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dan'l Miller, M. D.

(Address) 1500 N Broadway

25216 F 25216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., C-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME John B. Stab

(a) Residence: No. 2416 E. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~or WIFE of~~ Louisa B. Stab

6. DATE OF BIRTH (month, day, year) June 18th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (City or town) Balto (State or country) Maryland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillian E. Krause
(Address) 2422 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 6/30/1936

19. UNDERTAKER Wm. Cook
(Address) 1210 E. Fayette St.

DATE RECEIVED JUN 28 1936 Registrar's No. 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to June 27, 1936
I last saw him alive on June 27, 1936. Death is said to have occurred on the date stated above, at 3 35/a m.

The principal cause of death and related causes of importance were as follows: Recurrent

	Date of onset
Carcinoma of Rectum	
Sigmoid Fistula	

Other contributory causes of importance:
Hypertension moderate

Was an operation performed? Yes. Date of 6/18/36
For what disease or injury? Obstruction
Name of operation Colostomy Date of 6/18/36
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John F. Healy M. D.
(Address) St. Agnes Hospital

F 25217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25217

46-E

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens and Catonsville Ave St., 10 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Jacob Hennemann

(a) Residence: No. 1008 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Daisy Hennemann

6. DATE OF BIRTH (month, day, year) Dec 13th 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Builder Loft

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Hennemann

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie Wagner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Earl M. Hennemann
(Address) 112 N. Ashburton St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 30th 1936

19. UNDERTAKER John Cook
(Address) 1217 St Paul St

[illegible] 19 [illegible]

~~25 1936~~ Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 27, 1936

I last saw him alive on June 27, 1936 Death is said to have occurred on the date stated above, at 12.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Car. Sarcoma - Carcinoma of Liver	✓
Se. Carcinoma of Liver	Jan 1 1936

Other contributory causes of importance:
Ventricular failure

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert J. Healy, M. D.

(Address) St. Agnes Hosp.

F 25218 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25218

CERTIFICATE OF DEATH

Registered No. 81

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3030 (St.) Guilford Ave (Ward) 7-V
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph W. Deibert
(a) Residence: No. 3030 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Deibert

6. DATE OF BIRTH (month, day, year) Aug 11-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 18 Yrs

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER
13. NAME Hamilton V Deibert
14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER
15. MAIDEN NAME Mary Flour
16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Mary C Deibert
(Address) 3030 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 29 1936

19. UNDERTAKER Herman Cook
(Address) 1217 St Paul St

Huntington Williams 1537
Registrar.

20. FILED JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1935, 19..., to ..., 19...
I last saw h.im. alive on June 22, 1936 Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	6/35
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard C Read, M. D.
(Address) 1229 St Paul St

M. D. B. 1268-9

F 25219

F 25219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Druid Hill Ave. 11-3 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henderson Winter Lewis

(a) Residence: No. 823 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Lewis

6. DATE OF BIRTH (month, day, year) June 15 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dinwiddie Co., Va

FATHER

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va

MOTHER

15. MAIDEN NAME Virginia Winter

16. BIRTHPLACE (city or town) (State or country) Dinwiddie Co. Va

17. INFORMANT Mrs Virginia M. Jones
(Address) 823 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Laurel Hill Cem. Date June 28 1936

19. UNDERTAKER Edward L. Brooks
(Address) 5[illegible] Pennsylvania Ave

Registrar.

20. FILED JUN 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to June 24 1936

I last saw him alive on June 24 1936 Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas E Bell M. D.

(Address) 1330 Gilmor St

M. D. P. 1268-9

F 25220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25220

X 51-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp Ward 6)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Jacob B. Wilhelm

(a) Residence: No. Upperco, Balto County, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Angelina Hale

6. DATE OF BIRTH (month, day, year) Aug 3-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Farming

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Abraham Wilhelm

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Bosson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Jacob Wilhelm (Address) Upperco. Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Freeland Md Date June 30 36

19. UNDERTAKER Edw C Fulton (Address) Hampstead Md

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/36 19

22. I HEREBY CERTIFY, That I attended deceased from 5/11/36 ..... 19..... to 6/27/36 ..... 19.....

I last saw h... alive on 6/27/36. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno carcinoma of prostate	
Arteriosclerosis	
C. V. R. disease	
Bronchopneumonia	4/21/36

Name of operation Prostatectomy Date of 5/15/36

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Alesen M. D.

(Address) West Balto Gen Hosp.

OR 1936

F 25221 F 25221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Union Memorial Hospital Registered No.

CITY OF BALTIMORE: (No. Calvert & 33 St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bruno Lapani If U. S. Veteran specify WAR

(a) Residence: No. 6 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 6, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Achille Lapani

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosina Bearzatti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Achille Lapani
(Address) 6 S. Curley st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 29, 1936

19. UNDERTAKER Frank V. Lipitone
(Address) 818 E. Balto st

20. FILED ..., 19... Registrar.

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to June 27, 1936

I last saw h. alive on June 27, 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	2 Feb 36
Other contributory causes of importance:	
Mitral stenosis and insufficiency	2 Feb 36

Was an operation performed? none Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) John Mackal, M. D.

(Address) Union Memorial Hosp.

14852

F 25222

25222 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-w

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 57 yrs. mos. ds.

2. FULL NAME Jessie Brenner

(a) Residence: No. 20 N. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 2?-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Henry Wolf (Dead)

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Matilda Nimon (Dead)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place West Blvd. Date 6/28/36

19. UNDERTAKER Jack Louis Cole
(Address) 1739 E. Baltimore St.

FILED [illegible] Washington [illegible] Registrar.

JUN 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/24/1936 to 6/27/1936

I last saw her alive on 6/27/1936 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5 days
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

M. D. F. 1268-9

F 25223 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25223

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 3-W Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Coleen

(a) Residence: No. 907 Stiles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Samuel Coleen

6. DATE OF BIRTH (month, day, year) Sept. 1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME M. Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Hospital Record

18. BURIAL, CREMATION, REMOVAL
Place Harmony Rd. Date 6/24/36

19. UNDERTAKER Ford Funeral Home
(Address) 1439 E. Balto St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936. to June 27, 1936.

I last saw her alive on June 23, 1936. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	15 yrs.
Diabetic gangrene	4 mo
Secondary amputation	"

Other contributory causes of importance:

Name of operation Amputation, left leg Date of June 8, 1936

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

F 25224 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25224

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Bon Secours Hospital 3-1 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. Fayette St., 3 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Baby Girl Lewin
(a) Residence: No. 2427 Lakeview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year)
7. AGE: Years | Months | Days | If LESS than 1 day, 7 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Sol Lewin
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Eva Bernstein
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cemetery Date 6-28 1936
19. UNDERTAKER Jas. F. Levy Inc
(Address) 1439 E. Balto St.
20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1936
22. I HEREBY CERTIFY, That I attended deceased from 6-26 1936 to 6-26 1936
I last saw her alive on 6-26 1936 death is said to have occurred on the date stated above, at 10 45 p.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Premature Separation of Membranes — 3 30 p.m.

Other contributory causes of importance:

Born alive at

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. L. Chamberlain M.D.
(Address) Bon Secours Hospital

25225 F 25225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So Balto Gen St. Hosp Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Shepka If U. S. Veteran specify WAR

(a) Residence: No. 1630 E Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6/25/26

6. DATE OF BIRTH (month, day, year) 6/27/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So Balto Gen Hosp Maryland

FATHER

13. NAME Talbert Joseph Shepka

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Fredia Charlotte Graham

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother
(Address) 1630 E Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem 6/29 1936

19. UNDERTAKER Margaret G Flynn
(Address) 2107 Eutaw

20. FILED JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/27 1936 to 6/27 1936

I last saw h[illegible] alive on 6/27 1936 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows: Premature Infant. — Date of onset

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Alonso M. D.

(Address) So Balto Gen Hosp.

M. D. B 1268-2

F 25226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213M

Registered No. F 25226

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julius Thompson

(a) Residence: No. 2143 Division St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Thompson

6. DATE OF BIRTH (month, day, year) June 6, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.C. (State or country)

FATHER

13. NAME Isiah Thompson

14. BIRTHPLACE (city or town) UNKnown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Martha Thompson

(Address) 2143 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 6/28/ 36 19

19. UNDERTAKER Mrs. George F. Gorlay

(Address) 1631 Druid Hill Ave

20. FILED 19 (Registrar)

JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism of Face and Chest	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident June 24, 1936

Accident, suicide, or homicide Date of injury, 19

Where did injury occur? S.S. Executive, Canton Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Boat

Manner of injury Potash sliped on Him

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Unloding Boat Potash fell

(Signed) M. D. Coroner

(Address) 2737 E. Monument

F 25227

F 25227 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-c

1. PLACE OF DEATH Md. Gen. Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Adolph Hafner — If U. S. Veteran specify WAR .....

(a) Residence: No. 410 W. Mulberry St., ... Ward. Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single) Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan. 23, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Adam Hafner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie Stall

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Arnold L. Schmidt
(Address) 206 Highland Place

18. BURIAL, CREMATION, OR REMOVAL
Place Brooklyn N.Y. Date June 30, 1936

19. UNDERTAKER: Charles S. Howell
(Address) 113 N. Eutaw St.

N 28 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/16/36, 1936 to 6/27, 1936

I last saw him alive on 6/27, 1936. Death is said to have occurred on the date stated above, at 4:50 P.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cardiac Failure	
Chronic Bronchitis	
	10 yr

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) August L. Ewald Jr. M.D.

(Address) Maryland Gen'l. Hosp.

F 25228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 Barrington St. 7 4-W Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie E Landon

(a) Residence: No. 1447 Barrington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph N. Landon

6. DATE OF BIRTH (month, day, year) Sept 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Joseph N. Landon
(Address) 1447 Barrington St

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel Date June 22 1936

19. UNDERTAKER Geo E. Boyd & Sons
(Address) 1220 E. Chase St

FILED JUN 23 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 26, 1936

last saw h... alive on June 25, 1936 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	[illegible]

Other contributory causes of importance:

Uremia	4 days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm L Stuller, M. D.

(Address) 1319 Light St,

JUN 23 1936

25229 F 25229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital 122-B

CITY OF BALTIMORE: (No. ..... St. 47-12 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give Its NAME Instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary E. Cook

If U. S. Veteran specify WAR .....

(a) Residence: No. 203 Cedarcroft Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John B. Cook

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Thomas Barry

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret Mahen

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John B. Cook
(Address) 203 Cedarcroft Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 6/29 1936

19. UNDERTAKER Henry H. Mayo Son
(Address) 50 N. Calvert St.

20. FILED ..... 19 ..... Registrar

6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22nd 1936 to June 27 1936
I last saw him alive on June 27th 1936 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	June 22
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 22nd

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy Date of June 22

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry F. Kaye M. D.

(Address) Mercy Hospital

M 25230

F 25230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-124-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Mafe

If U. S. Veteran specify WAR

(a) Residence: No. 903 Morris St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Alex McCuaig

(Address) 903 Morris St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June 28 19 36

19. UNDERTAKER Adolphus Halstead

(Address) 2 E Baltimore St.

FILED JUN 29 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Syphilis of Aorta	
Edema of Brain	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Carlin M. D.

(Address) 2757 N. Monroe St

25231

✓ F 25231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 W. Cross St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William A. Dilihay

(a) Residence: No. 28 W Cross St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Dilihay

6. DATE OF BIRTH (month, day, year) — — 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) Nov 1929

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Georgianna Golden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Percy Dilihay

(Address) 28 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 27 1936

19. UNDERTAKER Wallace & Stevens

(Address) 1211 W Baltimore St

20. FILED JAN 27 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/36

22. I HEREBY CERTIFY, That I attended deceased from 6/21/36 to 6/24/36, 19 36

I last saw h..... alive on 6/23/36, 19 36 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/18/36
	now
Other contributory causes of importance: Arterio Sclerosis & Mitral Regurgitation	3 mo

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jno Bowdley, M. D.

(Address) 1611 Cambridge

Spec.—9-30—A. S. Co.—50 Pks.

F 25232

F 25232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 N. Monroe ST. 20-1 WARD)

2-FULL NAME Ada E. Cochran

(a) RESIDENCE No. 532 N. Monroe ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B. Cochran.

6 DATE OF BIRTH (month, day, and year) April 24-1870.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) At home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER David M. Monroe.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore - Md.

12 MAIDEN NAME OF MOTHER Emma Wright.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Miss Georgia M. Cochran.
(Address) 532 N. Monroe St.

15 Filed JUN 29 1936 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26th 1936

17

I HEREBY CERTIFY, That I attended deceased from October, 1933, to June, 1936

that I last saw her alive on June 25th, 1936

and that death occurred, on the date stated above, at 1-10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Progressive Bulbar Paralysis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Diabetes Mellitus

(duration) 2 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Kammer M. D.

June 26 1936 (Address) 1924 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery. DATE OF BURIAL. June 29- 1936.

20 UNDERTAKER Charles J. Schwab. ADDRESS 505 N. Monroe St.

F.D. 25233 ✓ F 25233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 20-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2545 Frederick Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie B. Woolf

(a) Residence: No. 2545 Frederick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard C. Woolf

6. DATE OF BIRTH (month, day, year) March 10, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Henry Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Roberta Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard C. Woolf
(Address) 2545 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date June 29- 1936

19. UNDERTAKER Charles J. Schwatka
(Address) 505 N. Monroe St.

OFFICER JUN 28 1936, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
June 26th.	1936
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify Thos. H. Phillips

(Signed) 1939 Edmondson Ave, Coroner M. D.

(Address) .....

M. D. B. 1368-9

F 25234

25234 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 S. Monastery Ave. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna B. Haddick

(a) Residence: No. 49 S. Monastery Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Haddick

6. DATE OF BIRTH (month, day, year) Mar. 18 1876

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	60	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Ole Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss McGeachie

(Address) 49 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Cedar Hill Date June 29 1936

19. UNDERTAKER J. Few McCully

(Address) 130 E. Fort Ave.

20. FILED ... 19... Registrar.

JUN 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1934 to 6-25 1936

I last saw her alive on 6-1 1936 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
C. K. of Kidneys	
Other contributory causes of importance: Coma	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Frederick Ave.

F 25235 ✓ F 25235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Tode

If U. S. Veteran specify WAR .....

(a) Residence: No. 1424 Battery Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-27-36

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Hudson Tode

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret H.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mother.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill June 29, 1936

19. UNDERTAKER Geo. McCully.

(Address) 30 E. Fort Ave.

20. FILED ..... 19 .....

Registrar

N 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-27-36, 19..., to 6-27-36, 19...

I last saw h.er alive on 6-27-36, 19... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atalecta sis of the newly born	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis N. Taylor, M. D.

(Address) So. Balto. Gen. Hosp.

F 25236

F 25236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X44-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Maud Shipley

(a) Residence: No. Mt. Airy St., ... Ward. 931

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Shipley

6. DATE OF BIRTH (month, day, year) April 24 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew J Fleming

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Young

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs H. W. Clarke

(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cem. Date July 1 ... 1936

19. UNDERTAKER Weer & Son Inc

(Address) Sykesville Md.

FILED JUL 2 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-27 1936 to 6-28 1936

I last saw her alive on 6-28 1936 Death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

Rocky Mt. Spotted Fever(?) — Date of onset 6-16-36

Other contributory causes of importance:

Chronic nephritis — 1930(?)

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) I. Freeman, M. D.

(Address) University Hospital

F 25237

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25237

CERTIFICATE OF DEATH

+ 195-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 14-26-34-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Wallace

(a) Residence: No. Howard Co., Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Howard Co. Date 6-30-1936

19. UNDERTAKER The W. O. Wilkerson Co.
(Address) Lombard

20. FILED JUL 1 1936, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1936, to 6-27, 1936

I last saw her alive on 6-27, 1936 Death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	6-21-36
Chronic hypertensive heart disease	4 mos.
Other contributory causes of importance: Arteriosclerosis	4 mo ago

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

F 25238

25238 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x44-L

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Charles Garrett Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. White Hall, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 13 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Co (State or country) Md

FATHER

13. NAME Charles S. Garrett

14. BIRTHPLACE (city or town) Balto. Co (State or country) Md

MOTHER

15. MAIDEN NAME Marion E. McLernon

16. BIRTHPLACE (city or town) Balto. Co (State or country) Md

17. INFORMANT Chas. S. Garrett

(Address) White Hall, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Vernon Date July 1st 1936

19. UNDERTAKER P. Markhinston

(Address) White Hall, Md

JUN 23 1936 Lexington Hills ... Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to June 28 1936

I last saw him alive on June 28, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis	1933
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schofield, M. D.

(Address) University

F 25239 ✓ F 25239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 9-7 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Morris. If U. S. Veteran specify WAR .....

(a) Residence: No. Earlysville, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Pefa Morris.

6. DATE OF BIRTH (month, day, year) Oct. 7 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lbr

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Earlysville, Va.

MOTHER FATHER

13. NAME Richard Morris

14. BIRTHPLACE (city or town) (State or country) Green Co. Va.

15. MAIDEN NAME Fannie Knight

16. BIRTHPLACE (city or town) (State or country) Green Co. Va.

17. INFORMANT Father

(Address) Earlysville, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Vance Mills Va. Date June 29 1936

19. UNDERTAKER George J. Ruth Doc

(Address) 1735 Harford ave

FILED JUN 29 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 27, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936, to June 27, 1936

I last saw h/ alive on June 27, 1936 Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	6-23-36
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Hefle Jr., M. D.

(Address) .....

F 25240 # 14525 F 25240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Steve Krysiak

(a) Residence: No. 719 S. Ann St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 51

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Majchsak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date June 29 1936

19. UNDERTAKER Fred W Brozenski

(Address) 1930 Eastern Ave

20. FILED JUN 29 1936 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/4/1936 to 6/25/1936

I last saw him alive on 6/25/1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 yr.
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert H. Pitts M. D.

(Address) Balto. City Hosp.

F 25241

F 25241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 555 Presstman St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 555 Presstman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook at

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Moreland County Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Dangerfield Lee

(Address) 555 Presstman St

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Mt Auburn Date 6/27 36

19. UNDERTAKER Wm H Jackson

(Address) 916 Pennsylvania ave

19. ..... Registrar

N 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Jan 26, 1936

I last saw her alive on Jan 23, 1936 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 10.

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) W H Pearce, M. D.

(Address) 2105 N Charles St

F 25242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25242

79-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-8 St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Theodore H Miegel

(a) Residence: No. 3814 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olga Miegel

6. DATE OF BIRTH (month, day, year) July 14, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ppbb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hair industry

10. Date deceased last worked at this occupation (month and year) June 20, 1936

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John G Miegel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Sonnenberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 29, 1936

19. UNDERTAKER Alex H Cook
(Address) 1003 E. Baltimore St.

FILED JUN 29 1936 Washington Avenue Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 to June 26, 1936

I last saw h.. alive on June 26, 1936 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	6-20-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) .....

F 25243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25243

82-a

CERTIFICATE OF DEATH

15-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5303 Bloomingdale Road St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert W. Cooper

(a) Residence: No. 5303 Bloomingdale Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Cooper

6. DATE OF BIRTH (month, day, year) December 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk-Baltimore City

10. Date deceased last worked at this occupation (month and year) January 1932

11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Samuel Cooper

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Charlotte A. Willing

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Florence Cooper
(Address) 5306 Bloomingdale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date June 29 19 36

19. UNDERTAKER Joseph H. Cook
(Address) 1007 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 19 36

22. I HEREBY CERTIFY, That I attended deceased from May 25 1936 to June 26 1936

I last saw him alive on 6-26-36 Death is said to have occurred on the date stated above, at 10 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Kirt A. Wardell M. D.

(Address) 3523 Liberty Heights Ave.

F 25244

F 25244 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3812 Overlea ave. St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Schoenberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 3812 Overlea Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wolfgang Schoenberger

6. DATE OF BIRTH (month, day, year) March 13th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dannisberg Bavaria Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs Norman A. Winkler

(Address) 3911 Overlea Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery June 30 1936

19. UNDERTAKER Frederick Sasahara Sons

(Address) 2401 Edgar Road

JUN 29 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/22 1936 to 6-27 1936

I last saw him alive on 6-27-1936 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 5y — Date of onset

Other contributory causes of importance: Carcinoma Lung

Was an operation performed? X Date of X

For what disease or injury? X

Name of operation Excised Date of X

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Theodore Angle M. D.

(Address) 1340 St Paul

Spec.—1-12-23—M&T—500 Blks.

F 25245

F 25245 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1304 Aisquith ST. 9-9 (WARD)

2-FULL NAME. Catherine Moylan

(a) RESIDENCE NO. 1304 Aisquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James J. Moylan

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
About	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Harvey

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Callahan

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mrs. John J. Moylan
(Address) 1304 Aisquith St

Filed NOV 29 1936 Arthur Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1936

17 I HEREBY CERTIFY, That I attended deceased from 3. 23 1935 to 6. 27 1936

that I last saw her alive on 6. 27 1936

and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-Vascular Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Joseph S. Bluem, M. D.

1936 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn

DATE OF BURIAL 6/30 1936

20 UNDERTAKER Henry Heuck & Son

ADDRESS 1361 E. Lagan

F 25246

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25246

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1318 N. Central Ave. St., 9-4 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Harry Hoffman
If U. S. Veteran specify WAR

(a) Residence: No. 1318 N. Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of the late Mary E. Hoffman

6. DATE OF BIRTH (month, day, year) April 4-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 Yrs	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John P. Hoffman
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Mary Busch
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Hoffman daughter
(Address) 1318 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Cemetery Date June 30 19 36

19. UNDERTAKER Johnson Abrel (Sons Inc)
(Address) 130 E. Eager St.

20. FILED JUN 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-26-1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1936, to June 26, 1936

I last saw h. alive on June 26, 1936 5/10 P. M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	about 1 month
Cerebral Embolism	
Anemia	

Other contributory causes of importance: Carcinoma of Stomach | Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thomas J. Mackey M. D.
(Address) 532 E. 22nd St.

M. D. B 1268-9

F 25247

F 25247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patricia Coll

If U. S. Veteran specify WAR

(a) Residence: No. 631 S. Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 6 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Coll

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Bertha Wilczynska

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bertha Coll

(Address) 631 S Curley st

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date June 28th. 1936

19. UNDERTAKER George A. Weber

(Address) 705 S Ann street

20. FILED [illegible] Registrar.

JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Paul Schwartz M. D.

Coroner

(Address) 1918 E. North Ave.

F 25248

F 25248 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St. 3 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Verga

(a) Residence: No. 722 S. Bond St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21 st 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packing House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

FATHER

13. NAME Daniel Verga

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Rose Theresa Verga

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Daniel Verga

(Address) 722 S Bond street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 1st 1936

19. UNDERTAKER George A. Weber

(Address) 305 E Lanvale St

JUN 23 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 28, 1936

I last saw h.. alive on June 28, 1936. Death is said to have occurred on the date stated above, at 12 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	1 wk.
Septicemia	4 days

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. Linas M. D.

(Address) Sinai Hospital

F 25249

F 25249 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alice Dandy

(a) Residence: No. 402 W. 29th St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-4-1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Irving Dandy (deceased)

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Albertina Evert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date June 29 1936

19. UNDERTAKER Chas. F. Wagner & Son

(Address) 118 N. Mt. St. Regal Apt.

20. FILED 29 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1936 to 6-26-1936

I last saw her alive on 6-26-1936 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media, Left	6-14-36
Streptococcus Hemolyticus Septicemia	6-15-36

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

F 25250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25250

175

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Hicks

(a) Residence: No. 816 Harford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer Sedator

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Hicks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sidney Gray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Isaac Hicks Jr

(Address) 816 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date June 27 1936

19. UNDERTAKER H. A. Elliott & Daughter

(Address) 1300 Harford Ave

Filed Jun 29 1936 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1936

22. I HEREBY CERTIFY, That I took Charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull with cortex - Cranial hemorrhage -	

Other contributory causes of importance:
Bronchopneumonia - bilateral Pulmonary abscess

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide (Date of injury June 13 1936.

Where did injury occur? 821 Harford Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place - street.

Manner of injury Struck in head with a ..... .

Nature of injury Blunt force.

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Paul Schenthen M. D.
Coroner

(Address) 1919 E. North ave

F 25251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 9-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Michael Werner

(a) Residence: No. 2605 Kirk Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Werner

6. DATE OF BIRTH (month, day, year) Dec. 31, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Werner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalena Buhler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rosie Gluck
(Address) 2605 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date June 30 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Arcadia

20. FILED JUN 29 1936 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin, Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) A. R. Clin M. D.
Coroner

(Address) 2737 Kanawha Blvd.

F 25252

25252

315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Barry Walpole

(a) Residence: No. 1110 Harford ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/16/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.
—	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Walpole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mae Conway

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/30/36 19....

19. UNDERTAKER George J. Kane Inc

(Address) 1300 Washington Blvd

Huntington Williams, M.D.

20. FILED ..... 19.... Registrar.

JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936 to June 26, 1936

I last saw him alive on June 26, 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

25253 3024- F 25253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 152

1. PLACE OF DEATH Maryland General Hosp 27-8
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... No

2. FULL NAME Egbert Norris

(a) Residence: No. 5709 York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace D. Erdmann

6. DATE OF BIRTH (month, day, year) 10/7/1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. 071
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Co (State or country) Md.

FATHER

13. NAME Upton G. Norris
14. BIRTHPLACE (city or town) Balt Co (State or country) Md

MOTHER

15. MAIDEN NAME Anna Lovell
16. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

17. INFORMANT Mrs. Grace Norris
(Address) 5709 York Rd.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Date 6/30/36 19

19. UNDERTAKER [illegible]
(Address) 1435 [illegible]

JUN 29 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 27, 1936
I last saw him alive on June 27, 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extra abdominal abscess, left inguinal region,	
primary origin unknown	
Other contributory causes of importance:	
Chronic myocarditis	

Was an operation performed? Yes Date of 6-18-36
For what disease or injury Extra peritoneal abscess
Name of operation Incision & drainage of abscess
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
(If so, specify)

(Signed) John H Barnaby M. D.
(Address) Maryland Gen'l Hosp

F 25254 F 25254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva E. Hueber

(a) Residence: No. 1813 E. Northern Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Joseph H. Hueber

6. DATE OF BIRTH (month, day, year) Mar 27, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hakemp

14. BIRTHPLACE (city or town) (State or country) U S A.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Joseph H. Hueber

(Address) 1813 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 6-30 1936

19. UNDERTAKER Leonard J. Rock

(Address) 1305 Hartford Rd.

Huntington Wilson

NOV 29 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6-26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to June 26 1936

I last saw alive on June 26 1936 Death is said to have occurred on the date stated above, at 3 C m.

The principal cause of death and related causes of importance were as follows:

Cardiac Disease following delivery of a still female child

Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Forceps delivery Date of June 26

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Austran M. D.

(Address) St. Joseph's

F 25255 F 25255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital S. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Davis

If U. S. Veteran specify WAR World War

(a) Residence: No. 409 N. Dallas St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/28/93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Priscella Shelton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sinp Flamer

(Address) Coatesville Pa

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 7/1/36 19

19. UNDERTAKER Robt E Williams & McCedden

(Address) 1936 Pennsylvania Ave

JUN 29 1936 Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6.25, 1936, to 6.27, 1936

I last saw him alive on 6.27, 1936 Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumenia	1 WKS ago
Empyema	6.19.36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 600 N. Arlington

25256 F 25256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel R. Gibson

(a) Residence: No. 1527 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Benjamin Gibson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Catchfinder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Gibson

(Address) 1520 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 30 1936

19. UNDERTAKER Joseph G. Locke Jr

(Address) 1362 Jefferson St. Huntington Williams, Md

JUN 29 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1936 to 6-27 1936

I last saw h[illegible] alive on 6-27 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	1935
and Pleurisy - effusion - left	6-1-36
Intestinal obstruction - (?)	6-24-36

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) D. Freeman M. D.

(Address) University Hospital

F 25257.

F 25257.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Powers St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mrs. Ricky Enson

(a) Residence: No. 809 Powers St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin Enson

6. DATE OF BIRTH (month, day, year) February 1 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) May 29, 1935

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Hoffmanville Balto Co.

FATHER

13. NAME Ernest Benderson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Fairmore

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Marie Smith

(Address) 809 Powers st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 30 1936

19. UNDERTAKER Walter Davis

(Address) 3414 Pennsylvania Ave

Huntington Williams, M.D.

JUN 29 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 27, 1936

I last saw her alive on June 26, 1936 Death is said to have occurred on the date stated above, at 4.33 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic hypertensive	
Cardiovascular disease	May 28
Other contributory causes of importance:	
Coronary disease	May 29, 36

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Alfred C. Moore M. D.

(Address) 3134 Harford avenue Baltimore.

F 25258 ✓ F 25258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 25-L Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Plitt

(a) Residence: No. 511 Long Lane Pen Hills St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea Morgan Plitt

6. DATE OF BIRTH (month, day, year) Feb 10th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stall 89 Lexington Mkt near Eutaw St

10. Date deceased last worked at this occupation (month and year) April 36

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Maximilian Plitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Reniffe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ernest W. Plitt
(Address) Lake Drive Apartments

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Loudon Pk. Date June 29th 1936

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

JUN 29 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1936 to 6-27 1936

I last saw him alive on 6-27 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	1934
generalized arteriosclerosis	1932
Coronary thrombosis (?)	6-22-36

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 6-5-36

For what disease or injury? Benign prostatic hypertrophy

Name of operation Prostatic Resection Date of 6-5-36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Freeman, M. D.

(Address) University Hospital

F 25259

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25259

25259

53-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital 11-7 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Jane Beall Hart

(a) Residence: No. 101 W. Monument St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Shaw Hart

6. DATE OF BIRTH (month, day, year) Nov. 5, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife do 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Ross Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria L. Hammond

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Robert Shaw Hart
(Address) 101 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsid Ridge Cem. Date June 30, 1936

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

Huntington Williams
Registrar

JUN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1936 to 6-28, 1936

I last saw her alive on 6-27, 1936. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, bladder & pelvic metastases	1935
or	

Other contributory causes of importance:

Moderate generalized arteriosclerosis	1925

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) L. Freeman, M. D.

(Address) University Hospital

M. D. B 1268-9 F25260 F-25260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 210M Registered No.

CITY OF BALTIMORE: (No. St. 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Alexander McMillian If U. S. Veteran specify WAR

(a) Residence: No. 710 E-22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm A McMillian

6. DATE OF BIRTH (month, day, year) Feb 31-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME James Lainar

14. BIRTHPLACE (city or town) (State or country) Buffs Md

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm A. McMillian
(Address) 710 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Date June 29, 19

19. UNDERTAKER John C. McConnell & Son
(Address) 1900 Eutaw Pl

JUN 29 1936 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH 31 8 am

21. DATE OF DEATH (month, day, year) June 26 . 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Liver	4 3 36

Other contributory causes of importance: Diphtheria Abscess Lung Abscess

Was an operation performed? yes. Date of 4-3-36

For what disease? Ruptured Liver

Name of operation Laparotomy Date of 4-3-36

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Apr 3. 1936

Where did injury occur? 2120 N Charles St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto or fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Worley Coroner M. D.

(Address) 407 N. Charles St

F 25261 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13567 131 F 25261

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1906 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Walker

(a) Residence: No. 667 N. Fairmount Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER'S FATHER

13. NAME Ambrose

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Bella

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date June 30 1936

19. UNDERTAKER Joseph A. Elvich
(Address) 1407 N. Mount St.

JUN 29 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-21-36, 1936 to 6-26-36, 1936

I last saw him alive on 6-26-36, 1936 Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate Gland	?
Other contributory causes of importance: Uremic Coma	6-22-36

Was an operation performed? yes Date of 6-15-36

For what disease or injury? Benign Hypertrophy of Prostate

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Lindenberg, Jr., M. D.

(Address) Balto. City Hosp.

25262 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25262

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Bank St. St., 3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 3 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Romanello

(a) Residence: No. 506 Bank St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Singlr, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) Nov 18 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2	6 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

FATHER

13. NAME Wilhem Romanello

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Liberata Wylzalla

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Rose Romanella
(Address) 506 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date June 30 1936

19. UNDERTAKER Martin W. E. Dippel
(Address) 322 Aisquith St

Filed JUN 29 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from May - 1935 to June 26 1936

I last saw him alive on June 26 1936 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Metastases to Mesentery	
Cachexia	

Other contributory causes of importance

Was an operation performed? yes Date of June '35

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory - Date of

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) William A. Fiuton M. D.

(Address) 2624 St. Paul St.

F 25263 ✓ F 25263

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Olive St. 23-1 Ward)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Bracey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1102 Olive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year) Nov - 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Bracey Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary B. Valentine

16. BIRTHPLACE (city or town) (State or country) Bracey Virginia

17. INFORMANT Viola B Daley
(Address) 1102 Olive St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date June 30 1936

19. UNDERTAKER James A Graves
(Address) 1142 W Fayette St

4 29 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936 to June 26, 1936

I last saw him alive on June 26, 1936 Death is said to have occurred on the date stated above, at — p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
8 mos —	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? City Hospital Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Frances M. D.

(Address) 1412 Dill

25264 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25264

CERTIFICATE OF DEATH 14816

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1917 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melissa Maddox

(a) Residence: No. 1219 McCulloh St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 8-27-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gainesville, Fla

MOTHER FATHER

13. NAME Sam Williams

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Isabel Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date Jan. 29. 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED 19 Registrar.

1936 2411

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26. 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/15. 1936 to 6/26. 1936

I last saw her alive on 6/26. 1936 Death is said to have occurred on the date stated above, at 10 51 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7 days.
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite M. D.

(Address) Baltimore City Hosp.

25265 ✓ F 25265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14582 Baltimore City Hospitals St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Richardson

(a) Residence: No. 525 Druid Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ? (State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff. Med. School Date June 29, 1936

19. UNDERTAKER .....
(Address) Huntington Williams, Inc.

9 1936

2412

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1936, to 6-24, 1936

I last saw her alive on 6-24, 1936 Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	?
Other contributory causes of importance:	
.....	
.....	

Was an operation performed? Yes Date of Not on another Hosp.

For what disease or injury? Ca of Breast

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 25266 Owens Jackson ✓ F 25266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., H 36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jackson, Owens

(a) Residence: No. Dunpeary, md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54 ~~54 2~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aiken S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maggie Rose
(Address) 119 Ethelda Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 29, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936, to June 26th, 1936.

I last saw him alive on June 26, 1936. Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4/14/36
Prostate hypertrophy (benign)	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/14/36

For what disease or injury? Prostate hypertrophy

Name of operation Suprapubic cystotomy Date of 5/14/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis S. Durkee, M. D.

(Address) University Hospital

F 25267

25267 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

18

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2-1 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carroll Gaynor

(a) Residence: No. 2002 E. Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W hite	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 22 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bowie Md.

FATHER

13. NAME Frank Gaynor

14. BIRTHPLACE (city or town) (State or country) Alford Penna.

MOTHER

15. MAIDEN NAME Agnes Kral

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address) 2002 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/30/ 19 36

19. UNDERTAKER John J Conway & Son
(Address) 901 Wallbus St

29 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936 to June 28, 1936

I last saw him alive on June 28, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	6-26-36.

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. C. Hyde, Jr. M. D.

(Address) .....

F 25268

35268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

135

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12031 St. 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Baltimore City Hospitals

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

2. FULL NAME John Reinfels or Reinfelts

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 ~~73~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date June 30 19 36

19. UNDERTAKER Henry Strauch Bros' Inc.
(Address) 1391 E Baltimore St

20. FILED 19 Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1916 to 6-27 1936

I last saw him alive on 6-27 1936 Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Urinary Retention	
due to Stricture of Urethra	10 days
Benign Hypertrophy of Prostate Gland	?
Other contributory causes of importance: Stone in Urinary Bladder	?

Was an operation performed? Yes Date of 6-18-36

For what disease or injury? Acute Urinary Retention

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

✓ F 25269

25269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Forest Park Ave St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Marie Donsall

(a) Residence: No. 2006 Forest Park Ave St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Donsall

6. DATE OF BIRTH (month, day, year) July 24 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Wallace

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances Wallace

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT James J. Donsall

(Address) 2006 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Lorraine Cem. Date July 1, 1936

19. UNDERTAKER John F. Lemmy

(Address) 715 Light St.

20. FILED JUL 1 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

6-29-36

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

Coroner

(Address) 715 Harwood

✓ F 25270

25270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 S. Charles St., 73-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Edna M. Fowler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1326 S. Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William F. Fowler

6. DATE OF BIRTH (month, day, year) Jan 8 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	5	23 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME John H Garner

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Delia Buckmaster

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mr William F. Fowler

(Address) 1326 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury M.E. Church Cem Calvert Co Md Date Jun 30 36

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED 29 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1935 to June 28, 1936

I last saw h alive on June 26, 1936 Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with Generalized Metastasis	Feb. 1935

Other contributory causes of importance:

Intestinal Obstruction

Generalized Carcinomatosis

Was an operation performed? Yes Date of October 1935

For what disease or injury? Radium Implantation for Carcinoma

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Beverley C Compton, M. D.

(Address) 1014 St. Paul St.

M. D. B 1268-9

✓ F 25271

25271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Felix Brewer

(a) Residence: No. Municipal Md, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Brewer,

6. DATE OF BIRTH (month, day, year) June 4 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Municipal Md

FATHER

13. NAME William Brewer

14. BIRTHPLACE (city or town) (State or country) Municipal Md

MOTHER

15. MAIDEN NAME Mary Matthews

16. BIRTHPLACE (city or town) (State or country) Municipal Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Municipal Md Date June 30 1936

19. UNDERTAKER Lord Bros. & Laurel Funeral Home

(Address) Washington Boulevard

29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D. Coroner

(Address) 1210 Hanover

✓ 9851 F 25272

25272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Seth Humphrey SETH A. HUMPHRYS

(a) Residence: No. 1205 Union Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Humphrye

6. DATE OF BIRTH (month, day, year) 12-18-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 8 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Enos Humphrey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Virginia Boyd

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date June 30 19 36

19. UNDERTAKER Horace F. Rhynes
(Address) 3631 Falls Road

19 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1936, to 6/27, 1936

I last saw him alive on 6/27, 1936. Death is said to have occurred on the date stated above, at 7 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Arteriosclerosis.	?
(Other contributory causes of importance)	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Baltimore City Hosp.

F 25273

25273 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. E-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Grason Standford

If U. S. Veteran specify WAR

(a) Residence: No. 2041 Sinclair Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	1	23 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Grason Standford

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Clara Muller

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father

(Address) 2041 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem June 30 1936

19. UNDERTAKER Chas F. Flaud & Son

(Address) 118 W. Lexington St

29 1936 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/25, 1936, to 6/29, 1936

I last saw h[illegible] alive on 6/29, 1936. Death is said to have occurred on the date stated above, at 3:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	6/25/36

Other contributory causes of importance:

Femoral Hernia

Was an operation performed? Yes Date of 6/28/36

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date of 6/28/36

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harvey J. Kerr, M. D.

(Address) Mercy Hospital

✓ F 25274

25274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14725 24-1 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Anna Doggendorf

(a) Residence: No. 1423 Decatur Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

7. DATE OF BIRTH (month, day, year): 1888

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hungaria

13. NAME: Joseph Ox

14. BIRTHPLACE (city or town) (State or country): Hungaria

15. MAIDEN NAME: Marguerita Marte

16. BIRTHPLACE (city or town) (State or country): Hungaria

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Cem & Date July 2 1936

19. UNDERTAKER: Chas L Stevens & Son
(Address) 1501 E Fort Ave

JUL 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/17 1936 to 6/28 1936

I last saw her alive on 6/25 1936 Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular renal disease	3 mo.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert H Ruth M. D.

(Address) Balto City Hosp.

25275 ✓ F 25275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-D

1. PLACE OF DEATH 6520 Colgate ave Dundalk — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6520 Colgate ave St., 12-6 Ward.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shepard F Willett — If U. S. Veteran specify WAR none

(a) Residence: No. 6520 Colgate ave St., Dundalk Ward. Gunpowder S.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	1	2 / 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W P A 0062

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME John G Willett

14. BIRTHPLACE (city or town) (State or country) north Carolina

MOTHER

15. MAIDEN NAME Sarah Sullivan

16. BIRTHPLACE (city or town) (State or country) north Carolina

17. INFORMANT Mr Marcus A Willett
(Address) 6520 Colgate ave Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Elmwood Cemetery Date June 30, 1936

19. UNDERTAKER W M Cook
(Address) 127 St Paul St

FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936 to June 29th, 1936

I last saw him alive on June 24th, 1936 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1934
Other contributory causes of importance: Carcinomatosis	1936

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? N. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Dundalk, Md.

M. D. B. 1268-6

F 25276

F 25276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home For Incurables 700 W. 40th St 97

CITY OF BALTIMORE: (No. 700 W. 40th St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Sarah Gainer Chandlee

(a) Residence: No. 700 W. 40th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 27. 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ellis T. Chandlee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Bryan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Home For Incurables (Address) 700 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL Place Rose Banks Md. Date July 2 193[illegible]

19. UNDERTAKER J. E. Taylor (Address) Perring Loan Md.

20. FILED JUL 2 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to June 29 1936.

last saw h[illegible] alive on June 26 1936. Death is said to have occurred on the date stated above, at 11 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General and Cerebral	?
Other contributory causes of importance: Hypertension	?

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Conrad Acton M. D.

(Address) 3401 Garrison Blvd

F 25277

25277

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 51-B

CERTIFICATE OF DEATH

U-142235

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-S Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

No War Record

2. FULL NAME John Nelson

(a) Residence: No. 6314 Arundel Cove Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 7-13-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard
10. Date deceased last worked at this occupation (month and year) May 1935
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Elof T. Nelson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Olivia Olsen
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 1st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ..... 19.....

N 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1936 to 6-28 1936.

I last saw him alive on 6-28 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?
	over

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

F 25278 3

F 25278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary McCaull

(a) Residence: No. 941 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 7-13-77

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Richard Hyde

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 1st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 1 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936 to June 29, 1936

I last saw her alive on June 29, 1936 Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Myocardial failure 93d	April 36
95 C 2	

Other contributory causes of importance:

Arteriosclerotic heart disease	
Myocardial insuf 94 a	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw B Gross M. D.

(Address) The Johns Hopkins Hosp

F 25279

F 25279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1612 E. Preston St. 8-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Thomas M. Carroll
(a) Residence: No. 1612 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married
5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~): Mary V. Carroll
6. DATE OF BIRTH (month, day, year): Oct 8th 1878
7. AGE: Years 57; Months 8; Days 20; If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. B. & A. R.R.
10. Date deceased last worked this occupation (month and year): Aug. 1935
11. Total time (years) spent in this occupation: 29

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME: James H. Carroll
14. BIRTHPLACE (city or town) (State or country): Balto Md
15. MAIDEN NAME: Katherine Kennedy
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mary V. Carroll 1612 E. Preston St
18. BURIAL, CREMATION, OR REMOVAL Place: Green Mount Date: June 30th 1936
19. UNDERTAKER (Address): Wm. Godfrey 1217 E. Paul St

Date 30 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28th, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 1935, to June 28 1936
I last saw him alive on June 28 1936 Death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff:	
Arteriosclerosis	
Pulmonary Hemorrhage	
Other contributory causes of importance:	
Chr. Nephritis	
Hypertension	

Was an operation performed? no Date of ...
For what disease or injury? ... Date of ...
Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Salem H. Bercaw M. D.
(Address) 1812-N-Broadway

F 25280

F 25280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1374 Fremont St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Bush

If U. S. Veteran specify WAR .....

(a) Residence: No. 1374 Fremont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Bush

6. DATE OF BIRTH (month, day, year) Sept 22 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70 7	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Whalen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Grace Barber
(Address) 1374 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Charlotte Hall Md Date 7-1-36 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st

FILED N 30 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to June 28, 1936

I last saw her alive on June 27, 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Nephritis	Unknown
over	
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab and physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Frank A Saunders M. D.

(Address) 1029 N. Stricker St.

F 25281

F 32157 / F 325281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 15-1 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Washington Tabb If U. S. Veteran specify WAR

(a) Residence: No. 1337 N Gilmor St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada

6. DATE OF BIRTH (month, day, year): 1-8-77

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawn Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER

15. MAIDEN NAME: Nannie Tabb

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: 6/30 1937

19. UNDERTAKER: Thomas E. Kelson
(Address): 1303 Presstman St.

20. FILED JUN 30 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to June 27, 1936

I last saw him alive on June 27, 1936 Death is said to have occurred on the date stated above, at 1255 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	about

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-17-36

For what disease or injury? Carcinomatosis

Name of operation Exploratory laperotomy Date of 6-17-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify EHLEIN

(Signed) Alfred Ehlein M. D.
(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 25282

F 25282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 N. Mount St., 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice A. Smith

(a) Residence: No. 1504 N. Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew E. Smith

6. DATE OF BIRTH (month, day, year) 1-10-73

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph Ware

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Andrew E. Smith (Address) 1504 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/1/ 1936

19. UNDERTAKER Thomas E. Nelson (Address) 1303 Pennsylvania Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28- 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-23- 1936 to 6-28- 1936

I last saw h[illegible] alive on 6-28-36 19 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	10-6 1930

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. C. Boge M. D.

(Address) 1816 N. Mount St.

F 25283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25283

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Kathleen Welt.

(a) Residence: No. 3826 Foster Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14, 1935.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Roland Welt.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Katherine Zill

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Parents.
(Address) 3826 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date June 30 1936

19. UNDERTAKER George W. Sikes Sr.
(Address) 1731 E. Eager St.

Huntington Williams M.D.
Registrar

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936 to June 27, 1936

I last saw h.e.r. alive on June 27, 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	6-6-36.
Bronchopneumonia	6-16-36

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

Wm. C. Stifler, Jr., M. D.
(Signed)

(Address)

M. D. B. 1936 F 25284

F 25284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospitals St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Sickel

(a) Residence: No. 506 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel G. Sickel

6. DATE OF BIRTH (month, day, year) May 18, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Parr

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Samuel G. Sickel

(Address) 1925 Christian St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 30, 1936

19. UNDERTAKER Harry D. Wetzke

(Address) 4101 Edmondson Ave

20. FILED JUN 30 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. B. Mallon M. D.

(Address) 2757 W. North Ave (Coroner)

F 25285

25285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Elsinore Ave. St., 15-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Anthony K. Williams

(a) Residence: No. 2605 Elsinore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Dean

6. DATE OF BIRTH (month, day, year) Sept. 2, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John T. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Hendry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John K. D. Williams
(Address) 2605 Elsinore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Md. Date June 30, 1936

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Huntington Wilhelm, M.D.
Registrar

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-10-35 to 6-27-36

I last saw him alive on 6-27-36 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
About ten years	
Other contributory causes of importance: Cancer Prostate	
yrs	3 days

Was an operation performed? Date of

For what disease or injury? Prostatitis

Name of operation prostatectomy Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Brad Fenton M. D.

(Address) 910 N. Fulton Ave.

F 25286 # 14885 F 25286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 125-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Turner

(a) Residence: No. 1317 Brunt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 12/1/1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Turner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Josephine Cromwell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date 6/30 1936

19. UNDERTAKER Chas F. Cosden
(Address) 514 N Calhoun St

Huntington Williams M.D.
Registrar.

20. FILED 6 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/25 1936 to 6/26 1936

I last saw h alive on 6/26 1936 Death is said to have occurred on the date stated above, at 11 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver abscess etiology as yet undetermined	1 wk

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

U-14775 F 25287

F 25287 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cus Woody

(a) Residence: No. 602 Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace

6. DATE OF BIRTH (month, day, year): ? 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown 00 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Robert Woody

14. BIRTHPLACE (city or town) (State or country): Va;

15. MAIDEN NAME: Winnie ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 6/30, 1936

19. UNDERTAKER: Charles Sloan Jr
(Address) 514 N. Eutaw St.

20. FILED 30 1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/19, 1936 to 6/27, 1936

I last saw him alive on 6/27, 1936. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	6 wk.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G. Reiter, M. D.

(Address) Balto City Hosp.

F 25288 F 25288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 12761

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-1 Ward)

Length of residence in city or town where death occurred 7/4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Weber, John M.

(a) Residence: No. 17 S. Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) ? Mary B

6. DATE OF BIRTH (month, day, year) ? July 9 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
? 81	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME ? August Weber

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME ? Dorothy Oaks

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 30 1936

19. UNDERTAKER J. Vernon Fleetzer
(Address) 230 E Edmondson Ave
Huntington Williams, MD

DATED ..... 19 ..... Registrar

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1935 to 6-27 1936

I last saw him alive on 6-27 1936. Death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 wks. ago
Hypertensive vascular disease	1 yr. ago
Arteriosclerosis.	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? C. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lloyd A. Hoffman, M. D.

(Address) Balt. City Hosp.

F 25289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1034 Rutland Av St., 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Kess

(a) Residence: No. 1034 Rutland Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Kess

6. DATE OF BIRTH (month, day, year) 1/8/1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Washington (State or country) D.C.

MOTHER FATHER

13. NAME Wm. Holloway

14. BIRTHPLACE (city or town) Washington (State or country) D.C.

15. MAIDEN NAME Hannis Perry

16. BIRTHPLACE (city or town) Washington (State or country) D.C.

17. INFORMANT Charles Kess
(Address) 1034 Rutland Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date June 30. 1936

19. UNDERTAKER M. J. Elliott, daughter
(Address) 1129 Cleveland Av

FILED JUN 30 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1936 to 6/27, 1936

I last saw her alive on 6/26, 1936 Death is said to have occurred on the date stated above, at 11.55 m.a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 36

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Raymond Thomas M. D.

(Address) 1500 E. Monument

F 25290 F 25290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 W Lafayette St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Lewis

(a) Residence: No. 1522 W Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M

6a. If married, widowed, or divorced (or) WIFE of Henry W Lewis

6. DATE OF BIRTH (month, day, year) Sept 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston N.C.

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Henry W Lewis Husband
(Address) 1522 W Lafayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6 30 1936

19. UNDERTAKER Sam'l. R. Place & Son
(Address) 637 N Eutaw St Baltimore Md

20. FILED JUN 30 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936 to June 28, 1936

I last saw h.e. alive on June 27, 1936. Death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency.	unknown
Other contributory causes of importance Interstitial Nephritis & Hypertension	unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed R. T. Henry M. D.

(Address) 1424 E Monument St

F 25291 F 25291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Light St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Hangmann

(a) Residence: No. 1446 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Hangmann

6. DATE OF BIRTH (month, day, year) Jan 14 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theodore Hangmann.
(Address) 1446 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4-1 1936

19. UNDERTAKER Bernard C. Hartz.
(Address) 121 E. West St. Huntington Indiana

FILED 1936 Registrar.

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th 1936

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Feb 25th 1936 to June 28th 1936

I last saw her alive on June 27th 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis and chronic myocarditis	2/25/36
Other contributory causes of importance: Acute dilatation of heart Immediate	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-26 Hanover St

F 25292 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25292

CERTIFICATE OF DEATH

12-6 × 45-C

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 20 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George T. Trader

(a) Residence: No. Meter, Westmoreland County, Va. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Vivian Trader

7. DATE OF BIRTH (month, day, year) October 10, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor of cargo.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac, Virginia

13. NAME Julius Trader

14. BIRTHPLACE (city or town) (State or country) Accomac, Va.

15. MAIDEN NAME Margaret West

16. BIRTHPLACE (city or town) (State or country) Accomac, Va.

17. INFORMANT Records

(Address) U.S. Marine Hospital - Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Cemetery

Place Baltimore, Md. Date June 30 1936

19. UNDERTAKER Randall E. Humphreys

(Address) 15-01 N. Broadway

20. FILED ..... 19..... Registrar.

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936, to June 27, 1936

I last saw him alive on June 27, 1936 Death is said to have occurred on the date stated above, at 3:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, squamous cell, Grade II, roof of mouth, with metastasis to cervical glands.	1933
Epithelioma, prickle cell, Grade II	May/35
Other contributory causes of importance:	
Bronchopneumonia, terminal.	2 days
Senility.	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. Potter Anderson, M. D.

(Address) U.S. Marine Hospital-Balto, Md.

F 25293 1000 Bks.

F 25293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Ulman Ave St. 15-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mayer Warshawsky

(a) RESIDENCE. NO. 2602 Ulman Ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Ida.

6 DATE OF BIRTH (month, day, and year): ? 1877

7 AGE, Years: 59 yrs. Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Nathan Warshawsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Nathan Warshawsky 2602 Ulman ave

15 Filed ..... 19 ..... Registrar

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1936

17 I HEREBY CERTIFY, That I attended deceased from June 22 1936 to June 29 1936

that I last saw him alive on June 29 1936

and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) B. K. Bernyard M. D.

6/29 1936 (Address) 3465 Fk Highland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodedale Cemetery

DATE OF BURIAL: June 30 1936

20 UNDERTAKER: S. H. Levinson Bro

ADDRESS 1107 E Balto St

M. D. B. 1268-9

25294 Becker ✓ E 25294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Becker

(a) Residence: No. Sinai Hospital 405 N. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 27, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William Becker

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Julia Solomon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Edlen Funeral Home Date 6-30-36 19....

19. UNDERTAKER Jack Louis Inc

(Address) 1439 E. Baltimore St.

20. FILED Washington Wilkinson Registrar.

JUN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936 to June 29, 1936

I last saw her alive on June 29, 1936. Death is said to have occurred on the date stated above, at 9:38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	June

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ruth Finkelstein M. D.

(Address) Sinai Hospital

F 25295 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25295

CERTIFICATE OF DEATH

X 66-B

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Philip Morris

(a) Residence: No. Newport News, Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pl. New York Penn 6-30 1936

19. UNDERTAKER Jack Levine Inc. 1437 E. Baltimore St.
(Address)

20. FILED JUN 30 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936 to June 30, 1936

I last saw him alive on June 30, 1936. Death is said to have occurred on the date stated above, at 3:54 A m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Thyroid Crisis

Thyrotoxicosis

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-29-36

For what disease or injury? Thyrotoxicosis

Name of operation Subtotal Thyroidectomy Date of 6-29-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Linas, M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 25296

F 25296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Fulton Ave. St., 19-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret H. Spellisy

(a) Residence: No. 235 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 5, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Martin Michael

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honora McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Joseph M. Spellissy
(Address) 235 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date July 1st, 1936

19. UNDERTAKER Joseph Hook
(Address) 1005 N. Baltimore Ave.

20. FILED JUL 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1936 to 6/28 1936

I last saw her alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 9.15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	
myocardial disease with	
cerebral hemorrhage	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hurden E. Stacy M. D.

(Address) 3803 Edmondson Ave.

F 25297.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH So. Baltimore General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 7 3 3 Ward)

Length of residence in city or town where death occurred ... yrs. life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Lola Bruce

(a) Residence: No. Fort Foot Leadenhall St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warren Bruce

6. DATE OF BIRTH (month, day, year) Jan 9 - 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Frederick Kratz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Louise Hammerbacher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Warren Bruce Fort Foot Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date July 1 1936

19. UNDERTAKER Elizabeth Hardy Inc (Address) 115 E. West St. Huntington W. Va.

JUL 30 1936 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26 ... 1936 to June 28 1936

I last saw h.er alive on June 28, 1936 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	
Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James L. Webb M. D.

(Address) 1213 Light St.

F 25298

F 25298 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 8880

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Colbert

(a) Residence: No. 541 W. Pressatman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-19-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Colbert, Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Broadnax Date July 1, 36

19. UNDERTAKER Barnes & Hardy
(Address) 818 E. Lexington St.

20. FILED ..... Registrar

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1936, to 6/27, 1936

I last saw him alive on 6/27, 1936 Death is said to have occurred on the date stated above, at 9:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular Renal disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

F 25299

25299 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 18

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 9-2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME James Davis

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Approximately 56 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT None

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med School Date June 30, 1936

19. UNDERTAKER Commissioner of Health.

(Address)

[illegible] 1936 Huntington Williams

2416

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to June 17, 1936

I last saw h[illegible] alive on June 17, 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	
Meningococcic	Unknown
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Myron G. Fell Jr. M. D.

(Address) .....

M. D. B 1268-9

25300 ✓ F 25300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 14-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar William Jones

if U. S. Veteran specify WAR

(a) Residence: No. 1618 Ethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Myrtle Jones

6. DATE OF BIRTH (month, day, year) Sept 26 1896 1893

7. AGE: Years 37 43; Months 8; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell County Ky

FATHER

13. NAME Benjamin Jim Jones

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Cad Russel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary E Jones

(Address) 1606 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place U of M Med School Date June 30 1936

19. UNDERTAKER Department of Health

(Address)

20. FILED JUN 30 1936 Harrington Williams Registrar

2417

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset June 30 1936

Other contributory causes of importance: Hypertension — June 1931

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) [illegible] M. D.

Coroner

(Address)

25301 F 25301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 33 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Anderson

(a) Residence: No. No home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	64?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

13. NAME Martin Anderson

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date June 30 1936

19. UNDERTAKER [illegible]
(Address)

30 1936 [illegible]

2418

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19.. to 6/24, 1936

I last saw him alive on 6/24, 1936 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days.
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Baltimore, Md.

F 25302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25302

85

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Pierce St., 17-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Griffin

(a) Residence: No. 723 Pierce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/26/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Samuel Washington

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna Griffin

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Anna Griffin
(Address) 723 Pierce

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date June 30, 1936

19. UNDERTAKER
(Address)

[illegible] 30 1936 [illegible] Registrar

2419

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29/36

22. I HEREBY CERTIFY, That I attended deceased from 6/26/36, 19..., to 6/29/36, 19...

I last saw h.[illegible] alive on 6/28/36, 19... Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

Epilepsy — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hugh B. McNally M. D.

(Address) University Hosp.

M. D. B 1265-9

F 25303

25303 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 321 N. Monroe St., 20-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret F. Hapel

If U. S. Veteran specify WAR

(a) Residence: No. 321 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William P. Hapel

6. DATE OF BIRTH (month, day, year): May 27- 1883

7. AGE: Years 53 | Months 1 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 5037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Schaeffer

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Catherine Thomas

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William P. Hapel

(Address) 321 N. Monroe st.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date July 1- 1936

19. UNDERTAKER: Charles J. Schwab

(Address) 505 N. Monroe St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectaris - Sudden	

Other contributory causes of importance: Myocarditis. - 7 mo.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

25304 ✓ F 25304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N Washington st St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Rayman Middendorf

(a) Residence: No. 404 N Washington st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ (illegible)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Middendorf

6. DATE OF BIRTH (month, day, year): March 15 th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Vincent Boyd

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: George Middendorf

(Address): 404 N Washington st

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: July 2. 1936

19. UNDERTAKER: John Uhler & Sons

(Address): 222 E Lexington St

20. FILED: [illegible]

JUL 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29 th 36. 19

22. I HEREBY CERTIFY, That I attended deceased from June 16. 36 to June 29 36

I last saw her alive on June 24 36 Death is said to have occurred on the date stated above, at 5 P M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chr. Myocarditis	1 yr
Other contributory causes of importance:	
Acute Dilatation of Heart	1 day

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J Kelly M. D.

(Address) 433 Washington

M. D. B 1263-9

F 25305

25305 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 23353

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William L. Jones.

(a) Residence: No. 19 E. Heath St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed~~ HUSBAND of ~~XXXXXXXX~~ Catherine Jones.

6. DATE OF BIRTH (month, day, year) February 12, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 ~~57~~	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carey Machine Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Jones.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie Smith.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Paddy.
(Address) 19 E. Heath St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 7/3 '36

19. UNDERTAKER J. F. McCully
(Address) 130 E. Fort

20. FILED ... Registrar.

JUL 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular pneumonia.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Hospital autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt M. D.
Coroner

6/30/36 (Address) 1017 S. Charles St.

M. D. B 1263-9

F 25306

25306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Jackson St. St. 24-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George F. Crowe.

(a) Residence: No. 1519 Jackson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~XXXXXX~~ widowed ~~XXXXXXX~~ HUSBAND of ~~CCVVEEVV~~ Lillian Crowe.

6. DATE OF BIRTH (month, day, year) May 2, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler maker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Cross Va.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mrs. Ringley
(Address) 1519 Jackson st

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedar Hill Cemetery date 7/3 19 36

19. UNDERTAKER J. Few McNally
(Address) 20 E Fort Ave

9 1936 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt M. D.
(Coroner)

6/30/36 (Address) 1017 S. Charles St.

25307

F 25307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St. 5-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Mc Whelan
If U. S. Veteran specify WAR .....

(a) Residence: No. 2523 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~Rachael~~ Whelan (or) WIFE of Pauline

6. DATE OF BIRTH (month, day, year) May 10-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Whelan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rachael Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Pauline Whelan
(Address) 2523 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 1- 19 36

19. UNDERTAKER J. B. Kilpatrick & Son
(Address) 1300 Eutaw Place

P 1936 [redacted]

NPN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above. 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage in Stomach	
"	

Other contributory causes of importance:
ulcer of stomach

Was an operation performed? no Date of -

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 2523 1939 Edmondson

CC

25308 F 25308

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Dundalk Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Earl Cummings

(a) Residence: No. 908 Patapsco Brooklyn. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 27th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipbuilding Co

10. Date deceased last worked at this occupation (month, year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Chester Pa

FATHER

13. NAME Howard A. Cummings

14. BIRTHPLACE (city or town) (State or country) Oxford Pa

MOTHER

15. MAIDEN NAME Mary V. Valentine

16. BIRTHPLACE (city or town) (State or country) Delaware Co Pa.

17. INFORMANT Mrs Wm A. Foster
(Address) 908 Patapsco Ave - Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Lawn Croft Cemetery Brooklyn Pa. Date July 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 19 ..... Registrar.

JUL 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12 1936 to June 30 1936
I last saw him alive on June 29 1936 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wellington Dwyer M. D.

(Address) South Baltimore Hosp

M. D. P. 1268-9

F 25309

F 25309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gaol/Bon St. 15-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John Reynolds — No War Record

(a) Residence: No. 2825 W. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ WIFE or ~~HUSBAND~~ of May Ellen Reynolds

6. DATE OF BIRTH (month, day, year) Dec 13 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Benjamin Reynolds

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susan P. Winkfield

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) J. W. Reynolds Jr 2825 W North ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Date July 2nd 1936

19. UNDERTAKER (Address) Wm Cook 1217 E Baltimore St

20. FILED 1 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29/36

22. I HEREBY CERTIFY, That I attended deceased from 5/30/36 to 6/29/36

I last saw h... alive on 6/29/36 Death is said to have occurred on the date stated above, at 3:19 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	

Other contributory causes of importance:

Duodenal ulcer Arteriosclerotic CVD

Name of operation Bronchoscopy 2 Dys ago Date of 6/24/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) West Balto Gen'l Hosp

M. D. B 1268-9

25310

F 25310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Oak St St. 17-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Knight If U. S. Veteran specify WAR No Record

(a) Residence: No. 2711 Oak St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Richard Rowe

10. Date deceased last worked at this occupation (month and year) 6/1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME John H Knight

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Lizzie Lyson

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Laurence G Knight
(Address) 4001 Shelby Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emory Church Cemetery Harford Co Md Date July 1st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED July 1 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Chron. Valvular Heart Disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edw Underwood M. D.
Coroner

(Address) Coroners

M. D. F 1268-9

F 25311

F 25311 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dukeland & Payne St., 9-9 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No Record

2. FULL NAME Mrs. Pattie Parker

(a) Residence: No. 1330 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Parker

6. DATE OF BIRTH (month, day, year) Dec. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King William Co Va

FATHER

13. NAME Harris Burruss

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mildred Schooler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John R. Parker

(Address) 1330 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL London Park Crematorium Date 7-2-36

19. UNDERTAKER Wilson & Son

(Address) 1224 E. Baltimore St

20. FILED JUL 1 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936 to June 29, 1936

I last saw h[illegible] alive on June 29, 1936. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident	
Cardio - Vascular Renal Disease	

Other contributory causes of importance

Generalized Arteria-Sclerosis

Name of operation. None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) [illegible] M. D.

(Address) West Baltimore General Hosp

F 25312 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25312

CERTIFICATE OF DEATH

82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Henry Bender

(a) Residence: No. 1426 Towson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bender,

7. DATE OF BIRTH (month, day, year) 10-24-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1930

11. Total time (years) spent in this occupation 35 Yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Fred Bender,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 2.1936

19. UNDERTAKER Robt S Steele
(Address) 2700 Edmondson Ave

20. FILED 7-1-1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/19, 1936 to 6/30, 1936

I last saw him alive on 6/30, 1936 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 wk.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

25313 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25313

25313 82-a

CERTIFICATE OF DEATH U-12648

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Janie A. (LOTTIE) Coarts

(a) Residence: No. 1216 N. Gross St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Coarts

6. DATE OF BIRTH (month, day, year): 4-4-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Richmond, Va.

13. NAME: Richard J. Gordon

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Elizabeth Gilly

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 2, 1936

19. UNDERTAKER H. J. Dickerson & Sons

(Address) 1 La Salle

20. FILED JUL 1 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to June 29, 1936.

I last saw her alive on June 29, 1936. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 6-25-36

Other contributory causes of importance: Cerebral Hemorrhage — Jan. 1933

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

F 25314

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25314

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3751 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Joseph Webster

(a) Residence: No. 526 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 2-10-1857

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
79	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Sailmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Alger

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ann Louise Vickers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 7/2 1936

19. UNDERTAKER Robert Bruhy & Son
(Address) 17 S. Eutaw St

FILED 7-1-1936 Huntington Whitehead, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19.., to 6/29 1936

I last saw him alive on 6/29 1936 Death is said to have occurred on the date stated above, at 11 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senility	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

M. D. B 1268-9

F 25315

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25315

CERTIFICATE OF DEATH

✓ 209-G

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agustine Haimer HAIRNER If U. S. Veteran specify WAR .....

(a) Residence: No. Balto City Hospital Infirmary St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) " "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 7/1 1936

19. UNDERTAKER Robert Bruckheimer

(Address) 17 S. Calhoun St.

20. FILED 7-1-1936 A. Leyton Hillegeist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and from (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull + contusion chest	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury June 25 1936

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pavement at Light St + Mt Royal Ave

Manner of injury struck by automobile

Nature of injury Bruises on entire right side.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 101 W. Lexington St.

F 25316

F.M. 25316

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Hurst.

If U. S. Veteran specify WAR

(a) Residence: No. Levindale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pate Etta Rachel

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Levindale Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date July 1, 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St.

20. FILED , 19 Huntington Mathewson, M.D.

Registrar.

LT-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came to his death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of 6/30/36

For what disease or injury? Hernia (Strangulated)

Name of operation Herniotomy Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schwartz M. D. Coroner

(Address) 1918 E. North Ave.

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

F 25317

F 25317 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 Ramsay St., 21-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME L. Catherine Beckert

(a) Residence: No. 758 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Beckert

6. DATE OF BIRTH (month, day, year) Feb 2nd - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Geller.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Bing

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William H. Beckert

(Address) 758 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 2nd 1936

19. UNDERTAKER Henry W. Jenkins Son & Co.

(Address) Orchard, cor Fulton Ave

20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to Jan 30, 1936

I last saw h[illegible] alive on Jun 29, 1936. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho-Pneumonia	
Other contributory causes of importance:	
General Paralysis for 4 1/2 yrs	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. T. Lee, M. D.

(Address) 2211 Eutaw Place

M. D. B. 1268-9

✓ F 25318

F 25318 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vernell Brown

(a) Residence: No. 105 N. Gilmor St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 10 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jesse Brown

14. BIRTHPLACE (city or town) (State or country) Bath, Caroline

MOTHER

15. MAIDEN NAME Annie Spence

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Jesse Brown

(Address) 105 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date July 1 1936

19. UNDERTAKER Walter B. Spriggs

(Address) 139 W. Lanvale St.

20. FILED JUL 1 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936 to June 28, 1936

I last saw her alive on June 28, 1936 Death is said to have occurred on the date stated above, at 8:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Theodore Boss, M. D.

(Address) Franklin Square Hosp

M. D. B 1268-9

F 25319

F 25319 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hosp St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Henrietta F. W Ford If U. S. Veteran specify WAR .....

(a) Residence: No. 639 Mosher St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) Nov 18 1913

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Ernest Ford

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Johnson

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs. Carrie Ford (Address) 639 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 7/3 1936

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Uterine) Hemorrhage	
(Placenta Previa)	

Other contributory causes of importance: Previa, premature separation of Placenta

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) V. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

✓ F 25320

25320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 27 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 7 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR no

2. FULL NAME William Hohmann

(a) Residence: No. 2824 Montebello Terrace St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine R. Hohmann

6. DATE OF BIRTH (month, day, year) Aug. 8th, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
66	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pattern cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tailor 0080

10. Date deceased last worked at this occupation (month and year) March, 1935

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Jacob Hohmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Neuhoum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Hohmann

(Address) 2918 Ilchester Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 2nd, 1936

19. UNDERTAKER Fredk. Lassahn & Son

(Address) 1401 Belair Rd.

20. FILED ..., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to June 30th, 1936

I last saw h.. alive on June 30th, 1936. Death is said to have occurred on the date stated above, at 12:12 P.M.

The principal cause of death and related causes of importance were as follows:

March 1935 Ca developed

Cancer of rectum

Date of onset

Other contributory causes of importance

Hypostatic pneumonia ?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lewis B. Whiting M. D.

(Address) Saint Agnes Hospital

25321 ✓ F 25321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..da.

2. FULL NAME Thomas French

If U. S. Veteran specify WAR

(a) Residence: No. 275 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date July 1 19 36

19. UNDERTAKER [illegible]

(Address)

20. [illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28-36

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936, to ..., 19..

I last saw him alive on 6-28-36, 19.. Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of throat.	
Other contributory causes of importance: Metastases	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

✓ F 25322

25322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Chapel St., 7-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Hata

If U. S. Veteran specify WAR.....

(a) Residence: No. 528 N. Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Balthasar Hata

6. DATE OF BIRTH (month, day, year) April 9, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Mathew Studnicka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Sofie Krejci

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT James Hata

(Address) 528 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Ht Y Redeemer Date July 4 19 36

19. UNDERTAKER Enoch Grach Son

(Address) 1906 Ashland Ave

20. FILED ..... 19 ..... Registrar

- 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to June 30, 1936

last saw h[illegible] alive on June 30, 1936. Death is said to have occurred on the date stated above, at 9.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration (Primary)	
Chronic Nephritis	July 5
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J. Redeemer M. D.

(Address) 528 N. Chapel St

M. D. B 1268-9.

F 25323

25323 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude E. Previlla (Sidney) ☐ U. S. Veteran specify WAR .....

(a) Residence: No. 2316 Sidney Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 20, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Previlla

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Gertrude Zimmerman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James Previlla
(Address) 2316 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place West'n Cem. Date July 3 1936

19. UNDERTAKER Frankenberger & Son
(Address) 106 Ashland Ave

20. FILED [illegible] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcers of Intestins	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) F. H. C. Allen M. D.
(Coroner)

(Address) 757 N. Mary

✓ F 25324

25324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mc Gen Hosp. St. 16-E Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Robert Megary
(a) Residence: No. 3607 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beulah E Megary.

6. DATE OF BIRTH (month, day, year) Mar 27 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taylor Provision Co.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Moses Megary.
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Beulah E Megary
(Address) 3607 Harlem Ave
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date July 3 1936
19. UNDERTAKER Harry N. Arnavoat & Son
(Address) 1204 Ridgewood Ave

1936 [illegible] T.P.N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-22-36, 19..., to 6-30-36 19... Death is said I last saw h— alive on 6-30-36 19... to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Gangrene Left foot	
Other contributory causes of importance: Cirrhosis-Scleroses Myocardial failure	6-13-36

Was an operation performed? yes Date of 6-23-36
For what disease or injury? Gangrene of foot
Name of operation Amputation Date of 6-23-36
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Fellows M. D.
(Address) Mc Gen Hosp

25325 ✓ E 25325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

3132 Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Gough

(a) Residence: No. 808 Stiles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-20-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Mary Fowler

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Locust Head Date 7/1 1936

19. UNDERTAKER J. J. Faber & Son (Address) 1318 Eight St.

20. Filed 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1935 to 6/25, 1936

I last saw h[illegible] alive on 6/25 1936 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 wks
Rheumatic heart disease	3 yrs.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G. Reitz M. D.

(Address) Balto City Hosp.

F 25326

F 25326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 131 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Robert Southcomb

If U. S. Veteran specify WAR Spanish American

(a) Residence: No. 623 Olive St. Leavenworth, Kansas.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of ~~(or WIFE of)~~ Nellie Southcomb

6. DATE OF BIRTH (month, day, year) July 25th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 57		11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brush Factory

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation. 7

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James L. Southcomb

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Carrie Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Nellie Southcomb

(Address) 4609 York Rd Apt 3

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Lake Cemetery Dover Del Date July 2nd 1936

19. UNDERTAKER Wm Cover

(Address) 1217 St. Paul St

20. FILED JUL 2 - 1936 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/2 1936 to 7/1 1936

I last saw him alive on 7/1 1936 Death is said to have occurred on the date stated above, at 8 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V Disease	1934
Other contributory causes of importance: Chronic Nephritis	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address)

F 25327

M. D. B 1268-9

F 25327 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 W. Lexington St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Fred H. Waltze

(a) Residence: No. 1931 W. Lexington St., Ward. Round Bay Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable Waltze

6. DATE OF BIRTH (month, day, year) Oct 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Waltze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Martha Walter

(Address) 1931 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 3rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 7-2-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 9. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	June 29-36

Other contributory causes of importance: Chronic Nephritis 3 yrs.

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

25328 F 25328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 46-B

Registered No.

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. 4-1 St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 14 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edgar S. Malvern.

(a) Residence: No. 3362 - 169th St. Flushing - N.Y. St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~that WIFE of~~ Lillian V. Malvern

6. DATE OF BIRTH (month, day, year) Jan 2nd 1853

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
83	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods
10. Date deceased last worked at this occupation (month and year) 1920
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Samuel Malvern
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Isabella Rawlinson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Lillian V. Malvern
(Address) 5708 Oakshire Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

L 2 - 1936 Registered [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to July 1, 1936.
I last saw h.nd alive on July 1 1936. Death is said to have occurred on the date stated above, at 11th A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	1/1/35
Liver metastases	
Hypertensive Cardiovascular Renal Disease	1926
Other contributory causes of importance:	
Arteriosclerosis (Generalized)	?

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Herpberger M. D.
(Address) Mercy Hospital

F 25329

F 25329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 East 21st St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Brandmiller

(a) Residence: No. 521 E. 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 14th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinner

10. Date deceased last worked at this occupation (month and year) Jan 14th 1930

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Michael Brandmiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Martin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph A. Brandmiller
(Address) 521 E. 21st

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19... Registrar.

12-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18 1936 to June 29 1936

I last saw him alive on June 29 1936 Death is said to have occurred on the date stated above, at 7.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Apoplexy - Hemiplegia	
left side	June 18 36

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Reginald J. Tovey M. D.

(Address) 414 E. North Ave

F 25330 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25330

CERTIFICATE OF DEATH

34-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 818 Stirling St., (Ward) 10

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Fitzgerald

(a) Residence: No. 818 Stirling St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charlotte Fitzgerald

6. DATE OF BIRTH (month, day, year): Oct- 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME OF FATHER: Arthur Fitzgerald

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Charlotte Fitzgerald
(Address) 818 Stirling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date July 3 . 1936

19. UNDERTAKER: Lottie Gross
(Address) 1708 Ashland ave

20. FILED JUL 2 - 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 . 1936 to June 29 . 1936

Last saw h... alive on June 29 . 1936 Death is said to have occurred on the date stated above, at 6:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	May 30 1936
Other contributory causes of importance: Intestinal Impactus	

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) George L. Allen M. D.

(Address) 800 Linwood St

M. D. P. 1268-9

F 25331

F 25331 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Henry St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Pennell

(a) Residence: No. 1507 Henry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret E. Pennell

6. DATE OF BIRTH (month, day, year) Nov. 7 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Andrew Pennell

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Bond

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Margaret E. Kerns
(Address) 1507 Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 3 1936

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave.

20. FILED JUL 6 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 30, 1936

I last saw h~~im~~ alive on June 30, 1936 Death is said to have occurred on the date stated above, at 11:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with Hypertension	6 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Streett M. D.

(Address) 421 E Fort Ave

M. D. B. 1268-9

F 25332 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25332

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 846 Harlem ave. St., 17-3 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Harris

(a) Residence: No. 846 Harlem ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mare E. Harris

6. DATE OF BIRTH (month, day, year) Feb. 12th. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	x3 4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm work

10. Date deceased last worked at this occupation (month and year) 8 yrs. ago. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

FATHER

13. NAME lloyd Harris

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Annie M. Jews.

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Elizabeth Tows (Daughter)
(Address) 846 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date July 3, 1936

19. UNDERTAKER Thos Katey R. Williams
(Address) 322 E. Lanvale St.

20. FILED 7-2-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28th 36 to June 30th. 1936

I last saw h... alive on June 29th 1936. Death is said to have occurred on the date stated above, at 4:30 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorhage — Date of onset June 28th 1936

Gh. In. Nephritis
Of about 18 mt. duration

Other contributory causes of importance:
Ch. Neph.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st

F 25333

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25333

V 93c

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N. Washington St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susanna Busse

(a) Residence: No. 1317 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony C. Busse

6. DATE OF BIRTH (month, day, year) May 2nd, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Brown

14. BIRTHPLACE (city or town) (State or country) Denmark, Holland

MOTHER

15. MAIDEN NAME Magdelina Michael

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Anthony Busse

(Address) 1317 N. Washington St.

18. BURIAL? CREMATION, OR REMOVAL

Place Woodlawn Date 7/1/36. 19

19. UNDERTAKER Frederick A. Cole

(Address) 710 W. Lombard St.

JUL 2 - 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to June 28, 1936

I last saw her alive on June 28, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.

Other contributory causes of importance:

Enlarged Thyroid	many yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Probst C. Mackey M. D.

(Address) Med. Arts Bldg

M. D. B 1268-9

25334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25334

CERTIFICATE OF DEATH

V 45-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 South Vincent St., 19-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Casper Harry Slinkman

(a) Residence: No. 419 S. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Hiram Slinkman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Effie Pinkind
(Address) 2400 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 3 1936

19. UNDERTAKER J. H. & D. M. Walter & Co
(Address) N. E. Cor Pratt & Eutaw Sts
Huntington Williams, Registrar

20. FILED ..... 19 .....

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of throat	one year

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Signed Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F 25334
31534

F 25335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 8-b Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary H. Shewbridge

(a) Residence: No. 1712 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 9 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Shewbridge
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary Mathews
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Mem. Date July 3 1936

19. UNDERTAKER George W. Zurhorst
(Address) 1737 Eutaw Pl.

20. FILED JUL 2 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to June 30, 1936.
I last saw h[illegible] alive on June 30, 1936. Death is said to have occurred on the date stated above, at 9.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 week
Other contributory causes of importance:	
uremia	

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Wade B. Miller, M. D.
(Address) Johns Hopkins Hospital

F 25336

F 25336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 Banner Rd St. 25-9 Ward)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Rosen

(a) Residence: No. 3919 Banner Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rosen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sager M. Rosen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chassie

16. BIRTHPLACE (city or town) (State or country) Rosen

17. INFORMANT Meyer Rosen (Son)

(Address) 3919 Banner Rd.

18. BURIAL, CREMATION, OR REMOVAL

Date 7/2/36, 19

19. UNDERTAKER Leo Funeral Home

(Address) 1939 Eastern Ave

Huntington Williams M.D.

Registrar.

JUL 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1-, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 3.45 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Rosen, M. D.

(Address) 1216 Hanover

F 25337

F 25337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#137

1. PLACE OF DEATH Sinai Hosp. – Balto. Md. Registered No.
CITY OF BALTIMORE: (No. St., 15 Ward 12) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Jacob Stine
(a) Residence: No. 3425 Park Heights St. one Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Cecelia Stine
6. DATE OF BIRTH (month, day, year)
7. AGE: Years 55; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0080
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: [illegible]
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Samuel Kahn
(Address) 4131 Laurel Park.
18. BURIAL, CREMATION, OR REMOVAL. Place: Beth Tefilah Date 7/1/36 19
19. UNDERTAKER: Park Heights Inc
(Address) 1439 E. Baltimore St.
Huntington Williams
Registrar
JUL 2 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1936, to July 1, 1936
I last saw h. alive on July 1, 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	6-29-36
Pyelonephritis	1931
Uremia ?	6-28-36

Other contributory causes of importance:

Was an operation performed? Yes Date of June 26 1931 June 6, 1936
For what disease or injury? Constate Hypertrophy – benign
Name of operation Suprapubic Prostatectomy 6/6/36
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Mark E. Hann M. D.
(Address) Sinai Hospital

M. [illegible] F 25338

F 25338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2246 Linden Ave. St., 13 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Monastein

(a) Residence: No. 2246 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Rebecca Monastein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Jeweler 38

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chair —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Julia E. Monastein
(Address) 2246 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Windsor Mill Rd Date 7-2- 1936

19. UNDERTAKER Jack Gayin Inc
(Address) 1739 E. Baltimore St.
Huntington Williams

20. FILED ... 19... Registrar
7-2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1- 1936

22. I HEREBY CERTIFY, That I attended deceased from May-2- 1936 to July-1- 1936

I last saw him alive on July-1- 1936 Death is said to have occurred on the date stated above, at 6:10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset about Jan 1936

Other contributory causes of importance:

none

Name of operation none Date of ...

What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) Herman Bendel M. D.

(Address) 2246 Eutaw Pl

F M. 25339 F 25339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

166

Registered No.

1. PLACE OF DEATH Harbor
CITY OF BALTIMORE: (No.) Thames St east (reservoir) St., Ward 9-9
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond George Hall
If U. S. Veteran specify WAR

(a) Residence: No. 1405 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Sept 29, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & news carrier
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Bernard M. Hall
14. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Annie B. Gantt
16. BIRTHPLACE (city or town) Balt
(State or country) Md

17. INFORMANT Bernard M. Hall
(Address) 1405 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date July 2 — 1936

19. UNDERTAKER Robt E Williams
(Address) 13-15 McCulloh St
Huntington Williams Reg

20. FILED ... 19...
Registrar.

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury June 29, 1936
Where did injury occur? Harbor, Thames St-near Fell St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Baltimore, Md.
Manner of injury Fell or jumped overboard
Nature of injury Acute dilatation of heart

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. J. Wagner M. D.
Coroner
(Address) 1016 E. Fallsway

Spec.—12-9-25—A Co.—200 Bks.

F 25340

F 25340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1552 N. Fremont Ave St. 15-1 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda Mozella Thompson

(a) RESIDENCE NO. 1552 N. Fremont Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct. 19, 1906

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
29	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Pub. Sch.

(c) Name of employer: —

9 BIRTHPLACE (city or town): Ind.

(State or country)

PARENTS

10 NAME OF FATHER: Charles Thompson

11 BIRTHPLACE OF FATHER (city or town): (State or country) Va.

12 MAIDEN NAME OF MOTHER: Fanny Colbert

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country) Fanny Thompson

14 Informant: Mother

(Address) 1552 N. Fremont Ave

Dec 2 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 6-29-36

17 I HEREBY CERTIFY, That I attended deceased from 4-10-36, to 6-29-36, 19....,

that I last saw h.. alive on 6-29-36, 19....,

and that death occurred, on the date stated above, at 10.20 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) unknown

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted unknown

If not at place of death? —

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Ernest R. Miller, M. D.

, 19 (Address) 707 E. Pleasant Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 7/2/36

20 UNDERTAKER: Mrs Geo. H. Holland — ADDRESS: 1637 Druid Hill Ave

F 25341 ✓ F 25341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1113 Longwood St. St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Jackson Davis, Jr. If U. S. Veteran specify WAR

(a) Residence: No. 1113 Longwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine A. Davis

6. DATE OF BIRTH (month, day, year) December 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic (Welder)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 086

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Andrew Jackson Davis Sr.

14. BIRTHPLACE (city or town) Occuquan
(State or country) Va.

MOTHER

15. MAIDEN NAME Sarah English

16. BIRTHPLACE (city or town) Gaithersburg,
(State or country) Md.

17. INFORMANT Mr. Frank Horney
(Address) 1113 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 3, 1936

19. UNDERTAKER Wm. J. Parkner & Sons
(Address) North & Penna. Ave.

FILED 2-1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1932 to June 30 1936

I last saw h alive on June 30 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	1932

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hooker E. Stacy M. D.

(Address) 3803 Edmondson Ave

25342 F 25342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 2-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John T. Powell

(a) Residence: No. 325 S. Castle St., Balto., Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. J. T. Powell

6. DATE OF BIRTH (month, day, year) January 13, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May, 1920.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackbird, Delaware

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records -U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Delaware City, Del. Date July 3, 1936

19. UNDERTAKER Wm. J. Oehmer & Sons
(Address) York & Penna Aves
Washington, D.C.

FILED 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1923, to June 30, 1936

I last saw him alive on June 30, 1936 Death is said to have occurred on the date stated above, at 2:12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyotrophic, lateral sclerosis	May 22
Chronic, pyelonephritis.	unknown
Hemorrhage, subarachnoid	unknown

Other contributory causes of importance:

Senility.

Was an operation performed? No Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. B. K. Anderson, M. D.

(Address) U.S. Marine Hospital-Balto, Md.

Spec.—1-30—M. & T.—250 Bks.

F 25343 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25343

CERTIFICATE OF DEATH.

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (NO.) Willkins & Caton ave. ST., 6-1 WARD)

2-FULL NAME Mrs. Mae J. Roberts.

(a) RESIDENCE NO. 427 N. Linwood Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of the late Chas. J. Roberts.

6 DATE OF BIRTH (month, day, and year) March 23 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) Ballto. Md
(State or country)

PARENTS

10 NAME OF FATHER Jacob Decker
11 BIRTHPLACE OF FATHER (city or town) Ballto. Md
(State or country)
12 MAIDEN NAME OF MOTHER Mary E. Degenhardt
13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Information given by Mrs Estelle A. Watkins
(Address) 2801 St. Paul St

15 Filed JUL 2 1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30-1936

17 I HEREBY CERTIFY, That I attended deceased from April, 1936, to June 30, 1936, that I last saw her alive on June 30, 1936, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:
Enterinal fistula.
Asthenia.
Circulatory Collapse.
(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chronic Fistula
Did an operation precede death? yes Date of 6/24/36
Was there an autopsy? no.
What test confirmed diagnosis?
(Signed) Robert H. Mortimer Jr., M. D.
, 19 (Address) 2801 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. DATE OF BURIAL July 4 19 36

20 UNDERTAKER Stanley Hearse & Sons, Inc. ADDRESS 1301 E. Eager St

✓ F 25344

F 25344 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 118 S Schroeder St. 18-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine Shesikauskas If U. S. Veteran specify WAR

(a) Residence: No. 118 S Schroeder St., Ward.
(Usual place of abode) 40 40 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Stanley Shesikauskas

6. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Jules Shesikauskas
(Address): 1120 Lehmann

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudenmer Date: July 4, 1936

19. UNDERTAKER: John Gretzinger
(Address): 423 S. Paca St

20. FILED 19

JUL 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/30/36

22. I HEREBY CERTIFY, That I attended deceased from 6/26/36, 19, to 6/29/36
I last saw h alive on 6/29/36 Death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	6/26/36
Other contributory causes of importance: Acute Indigestion	6/26/36

Was an operation performed? Date of No

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stephen Drazin M. D.
(Address) 1127 Madison Ave

F 25345 ✓ F 25345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., (Ward) 18-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Edward Lewis

(a) Residence: No. 952 N. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Lewis

6. DATE OF BIRTH (month, day, year) 3-28-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER
13. NAME Edw. L. Lewis Sr.
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Emmet Lewis Son
(Address) 1807 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date July 3rd 1936

19. UNDERTAKER Byrd & Mamie W. Wright
(Address) 218 McElderry St

[illegible] Registrar

JUL 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/26/36, 19..., to 6/30/36, 19...
I last saw h/m alive on 6/30/36, 19... Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V disease	
Arteriosclerosis	
Other contributory causes of importance: Subarachnoid Hemorrhage	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M Warren M. D.
(Address) .....

25346

✓ F 25346

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-N

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-46 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Mackin — If U. S. Veteran specify WAR .....

(a) Residence: No. 1306 Old Spring Lane St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/22/1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Clarence Mackin
14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Myrtle Baker
16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Clarence Mackin
(Address) 1300 N Old Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 3 1936

19. UNDERTAKER Edmondson & Son
(Address) 315 N Eutaw St

20. FILED JUL 2 1936 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 6/30 1936
Where did injury occur? Between 34-36 Stuart
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by automobile
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Signature Hubert Bayley Coroner M. D.
(Address) 907 N. Charles St

F 25347

F 25347 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Brennan

(a) Residence: No. 1013 Bonaparte Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Augusta Brennan

6. DATE OF BIRTH (month, day, year) July 17, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Thomas Brennan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mitchell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John Brennan
(Address) 1013 Bonaparte ave.

18. BURIAL, CREMATION, OR REMOVAL
Place NEW Cathedral Date 1/4 1936

19. UNDERTAKER Maynard E. Lyon
(Address) 201 Hilliard St

20. 1-2 1936 19 Huntington Williams, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Scalp	
Cerebral Concussion	

Other contributory causes of importance:
Bronchus Pneumonia (Secondary)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 30 1936

Where did injury occur? 1013 Bonaparte Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down Steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North ave.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B 1268-9

F 25348 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25348

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1710 McKean St., age 57 Ward)
Length of residence in city or town where death occurred ... yrs 2 mos ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Ella Archibald
If U. S. Veteran specify WAR .....
(a) Residence: No. Port Deposit St., ... Ward. 1st
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md

FATHER
13. NAME John Upshur Tolson
14. BIRTHPLACE (city or town) (State or country) Port Deposit Md

MOTHER
15. MAIDEN NAME Jane Lipsey
16. BIRTHPLACE (city or town) (State or country) Port Deposit Md

17. INFORMANT Cornelia Thompson
(Address) 610 McKean

18. BURIAL, CREMATION, OR REMOVAL Hopewell Cem Cecil Co Date July 5 19 36

19. UNDERTAKER Lee Cottrell & Sons
(Address) Perryville, Md

20. FILED JUL 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 5 Days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: High blood pressure

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner . M. D.
(Address) 215 Harmony

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1707

25349

F 25349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-124-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1020 Arlington St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clyde Simpson Jr.

(a) Residence: No. 1020 Arlington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 10 / 96.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	4	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Laurel S. C.

FATHER

13. NAME Bluford Simpson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Nannie Williams

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Nannie Simpson
(Address) 825 Sarah Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date July 3, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 Edmondson Ave.

20. FILED JUL 2 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to June 30 1936

I last saw h[illegible] alive on June 30 1936 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	6
Chronic Nephritis	1 yr
Uremia	1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

See instructions on back of certificate.

M. D. B. 1268-9

25350

F 25350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 N. Fulton Ave. St. 16-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie R. Snyder

(a) Residence: No. 636 N. Fulton Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Snyder

6. DATE OF BIRTH (month, day, year) April 28 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Arther

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Jane Weir

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Sara E. Arther

(Address) 636 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Cem. Date July 3 1936

19. UNDERTAKER Joseph Hook

(Address) 1003 W. Baltimore St.

20. FILED 7-2-1936 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1933 to July 1 1936

I last saw her alive on July 1 1936 Death is said to have occurred on the date stated above, at 11.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Cerebral Hemorrhage	5/28/36

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. Driscoll M. D.

(Address) 1326 N. Lombard St.

25351 F 25351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry B. Pryor

(a) Residence: No. 3708 Spaulding Ave.-Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Martha Hodgers

6. DATE OF BIRTH (month, day, year) Sept. 19, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year) Jan., 1936.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John Pryor

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Louisa Spedden

16. BIRTHPLACE (city or town) (State or country) Dorchester County, Md.

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Hanyoden Date July 2 1936

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 125 E. North Ave.

FILED 2-1936 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to June 30, 1936

I last saw him alive on June 30, 1936. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, myocarditis degeneration.	Jan/36.
Arteriosclerosis, general.	unknown
Other contributory causes of importance:	
Pulmonary edema.	2 mos.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital-Balto, Md.

F 25352

25352 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N. Patterson Pk. Ave. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Fanny T. Baxter

(a) Residence: No. 941 N. Patterson Pk. Ave. St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Baxter

6. DATE OF BIRTH (month, day, year) Jan. 18/1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	5	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Roth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wally Keifer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Baxter, (Hus.)

(Address) 941 N Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer, Date July 3 1936

19. UNDERTAKER Lilly & Zeiler Sons

(Address) 403 S. Wolfe St.

2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to June 30, 1936.

I last saw h[illegible] alive on June 30, 1936. Death is said to have occurred on the date stated above, at 8/45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	June 30 '36
Other contributory causes of importance: Chronic Diffuse Nephritis	

Was an operation performed? ....Date of....

For what disease or injury? ....

Name of operation ....Date of....

What test confirmed diagnosis? ....Was there an autopsy?....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

✓ F 25353

25353 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 S Conkling St., 9 6 9 Ward

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary M. Ausmus

(a) Residence: No. 725 S Conkling St., 2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Ausmus

6. DATE OF BIRTH (month, day, year) Dec 5 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	7	25 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Adam Long

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Martha Dunn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Martha Long Mother

(Address) 725 S. Conkling st.

18. BURIAL, CREMATION, OR REMOVAL

Place Bon Lan Date Dec 3 1936

19. UNDERTAKER Lillye Zeiler Jr

(Address) 203 So Wolfe st

20. FILED 2-1936 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 35 to June 30 1936

I last saw her alive on June 30 1936. Death is said to have occurred on the date stated above, at 10-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	March 1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? T. B. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ——, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Peckham M.D.

(Address) 2201 St. Paul St

25354 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25354

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Fitzpatrick

If U. S. Veteran specify WAR .....

(a) Residence: No. Belair Md St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-2370

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	64	11/10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Bernard Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Brookley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St Frances Date July 6 1936

19. UNDERTAKER Harry [illegible] & Son

(Address) Berwood Md

FILED 7-2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936 to July 1, 1936

I last saw him alive on July 1, 1936 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary [illegible]	
Broncho-pneumonia, Bilateral	

Other contributory causes of importance:

Renal Tuberculosis, Rt.

Tuberculosis Intestines, old

Was an operation performed? Yes Date of 2/10/36

For what disease or injury? Renal Tuberculosis, Rt.

Name of operation Nephrectomy Rt. Date of 2/10/36

What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

F 25355

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25355

X 11-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Nickoles

(a) Residence: No. Westminster Carroll County St., Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) November 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Westminster (State or country) Maryland

FATHER

13. NAME George Nickoles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Berlyn Phillips

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Father
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cem Date July 4, 1936

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md.

20. FILED [illegible] Registrar.

7-3-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 2, 1936.

I last saw him alive on July 2, 1936. Death is said to have occurred on the date stated above, at 6.55 P. m.

The principal cause of death and related causes of importance were as follows:

Influenzal Meningitis — Date of onset June 29

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? - .....

Name of operation - Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Robinson M. D.

(Address) University Hospital

M. D. F. 25356

F 25356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Beckett

(a) Residence: No. 589 Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 25 - 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Louis Beckett

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nellie Guilbourne

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Nellie Beckett (mother)

(Address) 589 Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date July 3 1936

19. UNDERTAKER Charles S. Cooper

(Address) 514 N. Calhoun St.

20. FILED JL 3 - 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, and that I have viewed the body thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows: 6/30-36

	Date of onset
Hemorrhage in Abdomen	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Punctured aorta Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Homicide Accident, suicide, or homicide? Date of injury June 30, 1936

Where did injury occur? Harlem ave & Gilmor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Shot with pistol

Nature of injury Murdered while standing on

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson ave

25357 12-8-9

F 25357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3rd General Hospital (Name) 7-16

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie London

(a) Residence: No. 3321 Virginia Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hyman London

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Wisch Goldberg
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Hadie Goldberg
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hyman London
(Address) 3321 Virginia ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Date: 7-3-36

19. UNDERTAKER: Levin Bros
(Address) 1439 E. Baltimore St

20. FILED 7-3-1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. about 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructed bowel	

Other contributory causes of importance: Constipation

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hann M. D.
Coroner

(Address) 1215 Hanover

✓ F 25358

F 25358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4661 Park Heights Ave St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 52 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leonard Spiegel

(a) Residence: No. 4661 Park Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Spiegel

6. DATE OF BIRTH (month, day, year) Feb 20th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farms

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT William Spiegel

(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

St Joseph's Cemetery Date July 6th 1936

19. UNDERTAKER Frederick Loudon Sons

(Address) 7401 Belair Road

20. FILED 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/24 1936, to 7/2 1936.

I last saw h[illegible] alive on 7/1 1936. Death is said to have occurred on the date stated above, at 6[illegible] m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage - Date of onset .....

arteriosclerotic heart disease, ...

.....

.....

Other contributory causes of importance:

Suppurative Cystitis - .....

.....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Boyle M. D.

(Address) 5309 Reisterstown Road.

25359 F 25359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 12-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Green Mount Ave. St., Ward)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella VonPohle

(a) Residence: No. 2510 Green Mount Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles VonPohle

6. DATE OF BIRTH (month, day, year) Dec 21, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Richard Doyle

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Amanda Brian

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Edgar A. VonPohle

(Address): Lancaster Mass.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 3, 1936

19. UNDERTAKER: John J. Mitchell & Sons

1900 Eutaw Place

20. FILED 19 Registrar.

7 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to July 2, 1936

I last saw h alive on July 2, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset several years

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Blake M. D.

(Address) Medical Arts Bldg.

F 25360

F 25360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2624 N. Calvert St. St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Captain John Wallace Grace

If U. S. Veteran specify WAR

(a) Residence: No. 2624 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia W. Hyland

6. DATE OF BIRTH (month, day, year) May 3, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sea captain do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

FATHER

13. NAME Ephriam P. Grace

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Manly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary G. Catling

(Address) 1336 Randolph St. Wash. D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 3, 36

19. UNDERTAKER John A. Rutschall & Sons

(Address) 1900 Eutaw Place

FILED JUL 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936 to July 29, 1936

I last saw him alive on July 20, 1936 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 30

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Peace M. D.

(Address) 2105 N. Charles St.

F 25361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. F 25361

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 N. Calvert St. St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JULIA W. GRACE

(a) Residence: No. 2624 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Captain JOHN W. GRACE

6. DATE OF BIRTH (month, day, year) Dec. 18. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

FATHER

13. NAME Absolom Hyland

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann Golt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT May G. Catling

(Address) 1336 Randolph St. Wash. D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 3. 1936

19. UNDERTAKER John O. Hutchins & Son

(Address) 1900 Eutaw Place

20. FILED J 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936, to June 30, 1936

That I last saw her alive on June 30, 1936 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart with pulmonary oedema	June 36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. N. Pearce M. D.

(Address) 2105 N. Charles St.

F.D. 25362 ✓ F 25362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 E Fairmount Ave. 6-4 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Rosso

(a) Residence: No. 1933 E Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sebastian Rosso

6. DATE OF BIRTH (month, day, year) Nov 1st 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife p 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominick Nalle

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Matthew Rosso
(Address) 2610 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 4th 1936

19. UNDERTAKER Leo G. Crook
(Address) 1703 N Patterson Park Ave

Filed ..... 19 ..... Registrar.

JUL 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to July 2 1936

I last saw her alive on 6/3 1936 Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Elephantiasis of both legs.	1920
Other contributory causes of importance: acute Cardiac Dilatation	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no.

Manner of injury no.

Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas L. Fittman M. D.

(Address) 1308 E Chase

F 25363 ✓ F 25363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Monument & Greene St., Upton Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Evans

(a) Residence: No. 2011 Dundalk Ave St., ... Ward. Dundalk, Balto Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Evans

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) St Louis Mo.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) St Louis Mo.

17. INFORMANT Alfred Evans
(Address) 2011 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Louis Mo. Date July 3rd 1936

19. UNDERTAKER Leo G Leverock Park Ave
(Address) 1703 N Patterson Park Ave Baltimore, Md.

FILED 3-1936 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1936 to July 2 1936

I last saw her alive on July 2 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Terminal Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 30, 36

For what disease or injury? Recurrent Carcinoma

Name of operation Excision Date of March 30th

What test confirmed diagnosis? Micro. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) H C Hull M. D.

(Address) University Hospital

F. D. 25364 ✓ F 25364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Warren Phillips

(a) Residence: No. 520 N. Stricker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	17	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Preston Phillips

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bertha Bundy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bertha Phillips

(Address) 520 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Iron Cem. Date 7/3/ 19 36

19. UNDERTAKER Mrs Katie R. Williams.

(Address) 322 Schroeder St.

Filed ... 19 ... Registrar

3-1936

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) July 2, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

✓ F 25365

25365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 N. St.

Registered No. 14870

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J. Seeger

(a) Residence: No. 1931 (a) Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 11-11-1889

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
46 47	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Florence ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date 7/3 1936

19. UNDERTAKER Robert Brooks Elson
(Address) Calhoun & Pennsylvania Ave

Huntington Williams 1936
Registrar.

FILED 7-3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24 1936 to July 1 1936

I last saw him alive on July 1, 1936. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1936
Tuberculous meningitis	May 1936.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical, pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) H. Baltimore City Hospitals

M. D. B. 1938

F 25366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25366

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount Hope Retreat 28-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary Stephen Haggerty

(a) Residence: No. Plainfield New Jersey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sister

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mauch Chunk Penna.

FATHER

13. NAME Thomas Haggerty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McDuffy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Mt. Hope Retreat

(Address) Mt. Hope Retreat, City

18. BURIAL, CREMATION, OR REMOVAL

Place Trenton, N. J. Date July 4th 36

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-10 North Howard

JUL 3 - 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9 . 1936 to July 3 . 1936

I last saw her alive on July 3 . 1936 Death is said to have occurred on the date stated above, at 6:55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Cerebral Hemorrhage	5 dys

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Damian P. Magia M. D.

(Address) 3326 Frederick Ave

F 25367 ✓ F 25367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Lehigh St. 76-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 63 yrs. ..... mos. ..... ds.

2. FULL NAME Maria Gonano

If U. S. Vet. specify WAR No Record

(a) Residence: No. 404 Lehigh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of August Gonano

6. DATE OF BIRTH (month, day, year) Sept 7th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME August Gonano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Gonano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Edith Bernard

(Address) Bethesda Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cemty Date July 4 1936

19. UNDERTAKER Williams Leech

(Address) 1247 St Paul Street

L 3 - 1936 Hampton Nat. Wilkins Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1930 to July 1 1936

I last saw h.~~er~~ alive on July 1 1936 Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Tongue	1930
Other contributory causes of importance:	
Bronchio - Pneumonia	June 26 1936

Was an operation performed? Yes Date of Oct. 11 1930

For what disease or injury? Cancer of Tongue

Name of operation Removal of Cancerous growth Date of 10/11/30

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philibert Artigiani M. D.

(Address) 2942 E. Fayette St

F 25368 ✓ F 25368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Guilford Ave 2-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Hoffman

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3205 Guilford Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Julius Hoffman

6. DATE OF BIRTH (month, day, year): May 10th 1854

7. AGE: Years: 82 | Months: 1 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 7/2/36

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George Eisterheart

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Rosalie Brekley

(Address) 3205 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 4th 1936

19. UNDERTAKER: Wm Croft

(Address) 1217 St Paul St

20. FILED ..... Registrar.

C - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to July 2, 1936

I last saw h.. alive on July 1, 1936 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1920
Arteriosclerosis	1930
Cerebral Hemorrhage	July 2/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helmuth J. Ullmann, M. D.

(Address) 6 East Biddle St

F 25369 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25369

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH South Baltimore General Hospital. Registered No.

CITY OF BALTIMORE: (No. 27-40 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Mrs. Dora Kratzer

(a) Residence: No. 506 Oakland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, ~~or Divorced~~ (write the word)
Female	white	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Henry C. Kratzer

6. DATE OF BIRTH (month, day, year) April 11 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Laundry

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Broul

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothy W. Hinstorg
(Address) 506 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 4th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E. Pratt St

20. FILED 19 [illegible]

1330

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936 to July 1, 1936

I last saw her alive on July 1, 1936 Death is said to have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Diabetes
Cellulitis

Was an operation performed? Yes Date of June 30, 1936

For what disease or injury? Rectal Abscess

Name of operation Incision and Drainage Date of 6/30/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) James L. Webb M. D.

(Address) 1213 Light St.

F 25370 3411 F. 25370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4116 Norfolk Ave. 15-9 Ward)

Length of residence in city or town where death occurred 40 yrs. 3 mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dora Lispin

(a) Residence: No. 4116 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Lewis
(Address) 4301 Forrest P.K. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Tefiloh Date July 3 1936

19. UNDERTAKER Jack Lewis Inc
(Address) 1427 E Baltimore St
Huntington Williams

20. FILED 1936 Registrar.

3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to July 2, 1936.
I last saw her alive on July 2, 1936. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/27/36

Other contributory causes of importance:

Hypertension
Renal calculus

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meltem Sherry M. D.

(Address) 3411 Forest Park Ave

F. D. 25371 ✓ F 25371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Hudson St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Premature Infant Malczewski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2532 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 40 min.
	Hour	6th month	1 agency	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. premature infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Malczewski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Boglanowicz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT James Malczewski

(Address) 2532 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 3 1936

19. UNDERTAKER Paul Bruga

(Address) 2532 Hudson St

JUL 3 - 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Unknown	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

Signed [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

F 25372

F 25372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1401 Argyle Ave St., 14-W Ward)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Penistan

If U. S. Veteran specify WAR

(a) Residence: No. 1401 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thos. Penistan

14. BIRTHPLACE (city or town) (State or country) Petersburg Va.

MOTHER

15. MAIDEN NAME Caroline Colbert

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Mrs. Caroline Penistan

(Address) 1401 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/4/36 19

19. UNDERTAKER Mrs Geo. H. Howland

(Address) 1631 David Hill Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to July 1 1936

I last saw h alive on July 1 1936 Death is said to have occurred on the date stated above at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tuberculous Pneumonia	3-1
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Charles S. Woodland M. D.

(Address) 1627 Harlem Ave

F 25373

F 25373 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

13695

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME Valentine Czernwinski

(a) Residence: No. 207 S. Washington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta

6. DATE OF BIRTH (month, day, year) 2-14-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0615

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Anthony Czernwinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 6 . 1936

19. UNDERTAKER John M. Feber

(Address) 401 N. Charles St

20. FILED . 19 Registrar

JL 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27 . 1936 . to July 2 . 1936

I last saw him alive on July 2 . 1936 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo-nephritis — Date of onset Jan. 1936

Other contributory causes of importance:

Myocardial insufficiency — 6-22-36

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No . If so, specify

(Signed) H. L. de Santalle M. D.

(Address) Baltimore City Hospitals.

Spec.—9-30—A. & Co.—250 Blks

F 25374

F 25374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Winterbourne Road ST. 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Robinson

(a) RESIDENCE NO. 3305 Winterbourne Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? ? 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Andrew Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Isabel White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John K. Robinson 3305 Winterbourne

15 Filed 3-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2nd 1936

17

I HEREBY CERTIFY, That I attended deceased from April 13th, 1936, to July 2nd, 1936

that I last saw h[illegible] alive on July 1st, 1936

and that death occurred, on the date stated above, at 4-30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Incontinent

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. S. Hamner M. D.

June 2 1936 (Address) 1929 E Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL July 4 1936

20 UNDERTAKER W. J. Tickner & Son ADDRESS North Pa

M. D. B 1268-9

F 25375

25375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4640 Belair St. 27-1 (Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Frances Dorsch

(a) Residence: No. 4640 Belair Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Baldwin Dorsch

6. DATE OF BIRTH (month, day, year) July 17-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Connaway

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Delia Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Virginia Schulenberg

(Address) 4640 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Date July 4-36

19. UNDERTAKER Jos J Otten & Son

(Address) 3001 Eastern Ave

20. 1936 [redacted] Reg. No. 1711

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June [redacted], 33 to July 1, 36

I last saw h[redacted] alive on June 30, 1936 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr	
Nephritis Glomerular	
Other contributory causes of importance:	
Pulmonary Edema	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due, to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. H. Tyndall M. D.

(Address) 817 Park Ave

M. D. H. 1268-9

25376

F. 25376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1825 Linsfield Ave St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Crouse

If U. S. Veteran specify WAR

(a) Residence: No. 1825 Linsfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie F

6. DATE OF BIRTH (month, day, year) Nov 2 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Zeigler

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs. Marie M. Crouse

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cemetery Date 7/6/ 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 7-6-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiring thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiring find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wyse M. D.

Coroner

(Address) 1010 S. Ellwood Ave

25377

F. 25377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E. Pulaski St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Teano (Teano)

If U. S. Veteran specify WAR .....

(a) Residence: No. 5 E. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph Teano

6. DATE OF BIRTH (month, day, year) August 6-1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
91	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Luigi Guida

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Teresa Comeda

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Mr. Richard Teano

(Address) 115 N. Chapelgate Lane

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincents Date July 7- 1936

19. UNDERTAKER F. B. Kephart & Son

(Address) 1334 Eutaw Place

20. FILED [redacted] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2- 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to July 2, 1936

I last saw h[illegible] alive on July 1, 1936 Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Pennington M. D.

(Address) 514 Druid Lane

M. D. B 1268-9

F 25378

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25378

X 122-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4-26 University St., Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. E. Snyder

(a) Residence: No. Cooksville Howard Co. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah M. Snyder

6. DATE OF BIRTH (month, day, year) Aug. 9, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10-11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. W. Snyder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary S. Snyder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah Snyder
(Address) Cooksville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Kendall Howard Co Md Date 7/6 1936

19. UNDERTAKER Guy Dorsey
(Address) Lutherville Md

20. Filed 4-1936 [illegible] Registrar.

RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Valvulus	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. Krauss M. D.
Coroner

(Address) 1757 N. Carey

25379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25379

34-D-95B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 2nd

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Pierce

(a) Residence: No. 517 W. Barre St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Herbert Pierce

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susie Clayton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida Brown

(Address) 517 W Barre St

18. BURIAL, CREMATION, OR REMOVAL

Place Stevensville Md Date 7/4/36 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1052 W Montgomery St

20. FILED 1936 Hilton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1936 to 6-30 1936

I last saw her alive on 6-30 1936 Death is said to have occurred on the date stated above, at 12 10 H. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	6-15-36
Aortic insufficiency (luetic)	3 mo. ago.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 620 N Arlington

M. D. B 1268-9

F 25380

F 25380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH Buck's Glass Co. Registered No.

CITY OF BALTIMORE: (No. Fort Ave & Lawrence St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Heitzer. If U. S. Veteran specify WAR

(a) Residence: No. 737 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Rose Heitzer.

6. DATE OF BIRTH (month, day, year) November 25, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur. 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buck Glass Co.

10. Date deceased last worked at this occupation (month and year) 7/2/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Heitzer.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Wolf.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Catherine Heitzer. (sister)
(Address) 1437 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross a.g. Date 7/6 1936

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 Hilton st

20. [illegible] Huntington Wellington

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolysm.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

7/3/36 (Signed) Otto M. Reinhardt M. D.
Coroner
(Address) 1017 S. Charles St.

OBSERVATION is very important. See instructions on back of certificate.

F 25381

25381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 44 c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 4-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Halbert L. Stone

(a) Residence: No. 109 Brasseals Rd Ward. Laurel Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 22 18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Died

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Union Bridge, Md.

FATHER

13. NAME Geo Ecstone

14. BIRTHPLACE (city or town) (State or country) Charleston S. C.

MOTHER

15. MAIDEN NAME Mildred Buffington

16. BIRTHPLACE (city or town) (State or country) Union Bridge Md.

17. INFORMANT Geo. E. Stone

(Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL Union Bridge Md Date 7-6 1936

19. UNDERTAKER The W. B. White Co Inc

(Address) Laurel Md.

Registrar.

4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26 1936 to July 3 1936

I last saw him alive on July 3 1936. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	6-6-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. D. Brumbaugh, Jr. M. D.

(Address) Laurel Md

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

25382

F 25382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-A

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 W. Lanvale St. ST. 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Virginia Walter

(a) RESIDENCE NO. 2037 W. Lanvale St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W. Walter

6 DATE OF BIRTH (month, day, and year) 2/27/51

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Dennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant John E. Emery

(Address) Fidelity Trust Bldg

15 Filed 7-4-1936 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/3/36

17 I HEREBY CERTIFY, That I attended deceased from 5/29/36, 19..., to 7/3/36, 19..., that I last saw h[illegible] alive on 7/2/36, 19..., and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia -

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Blood count -

(Signed) George A. Bowden, M. D.

7/3, 1936 (Address) 1518 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL July 6 1936

20 UNDERTAKER Geo M. Little

ADDRESS 2900 Edmondson Ave

25383

F. 25383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N. GLOVER STREET St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME FRANK KAPLAN

(a) Residence: No. 800 N. GLOVER STREET St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of Josephine Kaplan

6. DATE OF BIRTH (month, day, year) Dec. 8-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69-yr- 68	6	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Joseph Kaplan

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Anna - ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Josephine Kaplan
(Address) 800 N. Glover Street

18. BURIAL, CREMATION OR REMOVAL
Place Holy Redeemer Date July 6th 19 36

19. UNDERTAKER John A. Hogan
(Address) 3000 E. Balto. St.

20. FILED 7-7 1936 Clayton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5/36

22. I HEREBY CERTIFY, That I attended deceased from June 20-1936 19 ..... to July 3-1936 19 .....
I last saw h. in alive on July 3-1936 19 ..... Death is said to have occurred on the date stated above, at 7:50 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-20
Other contributory causes of importance: Arterio-Sclerosis	1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J. Rhoades M. D.

(Address) 801 N. Kenwood Ave

M. D. H 1268-9

F 25384

F 25384 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 W. Lanvale St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Patterson

If U. S. Veteran specify WAR

(a) Residence: No. 1315 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elijah Patterson

6. DATE OF BIRTH (month, day, year) 1877 (1877)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlyco md

MOTHER FATHER

13. NAME John Patterson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Amelia Campbell

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Elmer Patterson

(Address) 1315 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 5, 1936

19. UNDERTAKER James A Hayes

(Address) 1122 Eutaw St

20. Filed July 6 1936 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 2 1936

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Gallen M. D. Coroner

(Address) 20 S Paca St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25385

F 25385 HEALTH DEPARTMENT—CITY OF BALTIMORE U-709

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 94-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanislaus Krug

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 7/4 1936

19. UNDERTAKER J. J. Frahm & Son

(Address) 1318 Eutaw St

20. FILED 7-4-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-26-33 . 19 . to 6-22-36 . 19

I last saw him alive on 6-29-36 . 19 . Death is said to have occurred on the date stated above, at 4:50P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	2 wks.
Psychosis with senility and cerebral arteriosclerosis	8-26-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. L. Reynolds M. D.

(Address) Baltimore City Hospital

25386

F 25386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

U-14661

Registered No. 123

1. PLACE OF DEATH Tuberculosis Division, Baltimore City Hospitals 25-6 Ward)

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Anderson Furnished, Info. from City Hospitals

(a) Residence: No. 1822 S. Chesapeake Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Anderson 1878

6. DATE OF BIRTH (month, day, year) September 12, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 57	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME (?) Anderson

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Andrea Arliteneon

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 7/4 1936

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Eutaw St.

20. [illegible] Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936 to June 28, 1936.

I last saw him alive on June 28, 1936. Death is said to have occurred on the date stated above, at 6.30 A. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis, — Date of onset June, 1935.

Other contributory causes of importance: ODE

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman M. D.

(Address) Balto. City Hospitals.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 25387

25387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara Protani

(a) Residence: No. 29 N. Montford Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 23, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11 yrs.	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Elizabeths

10. Date deceased last worked at this occupation (month and year) June

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Vincent Protani

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lodie Mastracci

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mother

(Address) 29 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 6 1936

19. UNDERTAKER Frank V. Pepetone

(Address) 7812 E. Baltimore

20. FILED 1936

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to July 2, 1936

I last saw her alive on July 2, 1936 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	3 days
	about
Other contributory causes of importance: Terminal Pneumonia	1 day

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Steptoeman, M. D.

(Address) St. Joseph's Hosp.

F 25388

25388 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No. 14663

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mack Collins

(a) Residence: No. 1030 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-30-68

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Collins (deceased)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cariolla ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsville Cem Date July 6 1936

19. UNDERTAKER J. F. Elgin, Sons
(Address) Huntingtown Md

20. FILED JUL 5 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1936 to 7-4 1936

I last saw him alive on 7-4 1936 Death is said to have occurred on the date stated above, at 8:30 p.m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Other contributory causes of importance:	
Trophic Ulcers of Feet	3
Insanition	3

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Jos. Arantegan M. D.

(Address) Baltimore City Hosp.

M. D. R. 1268-9

F 25389 HEALTH DEPARTMENT—CITY OF BALTIMORE 25389

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 W. North Ave St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Eckardt Marshall

(a) Residence: No. 2116 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John C. Marshall

6. DATE OF BIRTH (month, day, year) Jan. 20, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Michaels Talbot County Maryland

FATHER

13. NAME John H. Burns

14. BIRTHPLACE (city or town) (State or country) St. Michaels Maryland

MOTHER

15. MAIDEN NAME Louise Eckardt

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John Marshall
(Address) 2116 W North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Date July 7, 1936

19. UNDERTAKER Norman Marshall
(Address) St Michaels Md

20. FILED July 8, 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1934, 19 to July 4th, 1936

I last saw her alive on July 3rd, 1936. Death is said to have occurred on the date stated above, at 8.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Diabetes Mellitus	14 yrs.
2) Hypertensive Heart Disease	6 yrs.
3) Chronic Nephritis	6 yrs.
Other contributory causes of importance:	
11) Secondary Anemia	1 yr.

Name of operation None Date of

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Earl L. Chambers, M. D.

(Address) 4108 Liberty Hts. Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25390

F 25390 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 Stinson St. 20-4 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 54 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Repp

(a) Residence: No. 316 Stinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Repp

6. DATE OF BIRTH (month, day, year) March 22 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Meil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Sarlorgers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie Howard
(Address) 316 Stinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date July 6 1936

19. UNDERTAKER George F. Eckhardt
(Address) 2411 Fenhurst Ave.

20. FILED JUL 5 1936 Clifton Miller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1935 to July 2 1936

I last saw h e r alive on July 2 1936 Death is said to have occurred on the date stated above, at 11.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	1935
	007
Other contributory causes of importance:	
coronary thrombosis	7/2/36

Name of operation none Date of .....

What test confirmed diagnosis? usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George A Kupp M. D.

(Address) 3030 Edmondson

OCCUPATION is very important. See instructions on back of certificate.

F 25391 ✓ F 25391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5608 Belle Vista Ave 27-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 3 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME William B. Archer

If U. S. Veteran specify WAR

(a) Residence: No. Forest Hill Md. St., ..Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L. Archer

6. DATE OF BIRTH (month, day, year) April 5th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
72	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 0040

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

FATHER

13. NAME Henry Archer

14. BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Hagne

16. BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

17. INFORMANT Mrs Lavinia A. Fritz (Address) 5608 Belle Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL Centre M. E. Cemetery Harford Co. Date July 6 1936

19. UNDERTAKER Frederick Lohmann Inc (Address) 7401 Belair Road

20. FILED [redacted] 1936

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12 1936. to July 4 1936

I last saw him alive on July 3 1936 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Causes of the	
Bladder	1935
	0000

Other contributory causes of importance:

Myocarditis Dropsy & Anemia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Geo. L. Zimmerman M. D.

(Address) 9828 Harford Rd.

F 25392

F 25392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliz. Myers

If U. S. Veteran specify WAR

(a) Residence: No. 817 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oheb Sholom Date 7-5-36. 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 1429 E Baltic St

7-5-1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) G. H. Corscaden M. D.

Coroner

(Address) 757 W. Lexington

OCCUPATION is very important. See instructions on back of certificate.

F 25393

F 25393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. St. Agnes Convent 27-15 Ward)
not Washington

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Sister M. Annunciata Cummings

If U. S. Veteran specify WAR .....

(a) Residence: No. Mt. St. Agnes College Mt St., Washington Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Cummings

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sister M. Magdalene

(Address) Mt St Agnes, Mt Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt St Agnes - Lawn Date 7/6 1936
not Washington

19. UNDERTAKER Henry W Meyerhoff & Son

(Address) 801 N. Calvert St.

FILED 5-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1926 to July 2, 1936

I last saw h[illegible] alive on July 2, 1936. Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Cardio Vascular Disease	1928
Cerebral Hemorrhage	7/1/36
Broncho Pneumonia	7/2/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. Raymond Peters M. D.

(Address) 1908 W. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

F 25394 F 25394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E Baltimore St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 2111 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Hartman

6. DATE OF BIRTH (month, day, year) July 13, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Ignatz Cassler.

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Virginia Abraham

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Isaac Hartman.

(Address) 2111 E Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date July 5 1936

19. UNDERTAKER Jos Levenson Bro

(Address) 1127 E Balto St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936 to July 4, 1936

I last saw her alive on July 4, 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 wks
Broncho Pneumonia	3 days
Hypertension, Arteriosclerosis	3 wks
Other contributory causes of importance:	
Chronic Interstitial Nephritis	3 wks

Was an operation performed? no. Date of

For what disease or injury? no.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F a Stamm M. D.

(Address) 2878 Stafford Rd.

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B 1268-9

F 25395

F 25395 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W Whitlock

If U. S. Veteran specify WAR

(a) Residence: No. 628 N Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza A Whitlock

6. DATE OF BIRTH (month, day, year) 06 22 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0073

10. Date deceased last worked at this occupation (month and year) 1934 Unknown

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ruth E Tolley (Address) 628 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date July 6 1936

19. UNDERTAKER W R Cork (Address) 1141 E Lexington St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	

Other contributory causes of importance: hypostatic pneumonia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury June 6 1936

Where did injury occur? Bath Tub Apartment (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fell on floor of tub

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Wright M. D. Coroner

(Address) 1010 S. Edmondson Ave

L 5-1936

F 25396 ✓ F 25396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-7 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3422 Hickory Ave St., 13-6 Ward)

Length of residence in city or town where death occurred 48 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary K. Lovell

(a) Residence: No. 3422 Hickory Ave St., 13 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Lovell

6. DATE OF BIRTH (month, day, year) Feb. 17-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis C. Bleems

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Murphy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Florence Bailey

(Address) 3422 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 6- 1936

19. UNDERTAKER Horace F. Bargee

(Address) 3631 Falls Road

20. FILED ..... 19 .....

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3- 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30th 1936 to July 3 1936

I last saw h[illegible] alive on July 3 1936 Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance:	

Was an operation performed? no Date of –

For what disease or injury? –

Name of operation ..... Date of .....

What test confirmed diagnosis? – Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place –

Manner of injury –

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis H. Gilles M. D.

(Address) 900 N. 3rd St.

OCCUPATION is very important. See instructions on back of certificate.

vs 3

William A English ✓ F 25397

25397 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospt. (St.) 21-W (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A English

If U. S. Veteran specify WAR

(a) Residence: No. 1164 Washington Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Lillie English

6. DATE OF BIRTH (month, day, year) Apr 13, 1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Patrick English.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Stewart

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Mrs. Lillie English

(Address) 1164 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/7/ 1936

19. UNDERTAKER John J Cowan & Son

(Address) 1901 Fallsway

20. FILED [illegible]

JUL 8 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936, to July 4 1936

I last saw h[illegible] alive on July 3 1936 Death is said to have occurred on the date stated above, at 12:02 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of liver (ruptured)	
Acute diffuse peritonitis	
Acute toxemia	
Chronic pulmonary emphysema	

Other contributory causes of importance:

Arteriosclerosis	
Bronchopneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul W Sklar M.D.

(Address) Sinai Hospital

M. D. B. 1263-3

F 25398

F 25398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. 20-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 W. Lombard St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph T. McEnaney

(a) Residence: No. 1943 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret J. McEnaney

6. DATE OF BIRTH (month, day, year) Feb. 27, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John J. McEnaney

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary T. Cronin

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs Margaret J. McEnaney
(Address) 1943 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 7/6 1936

19. UNDERTAKER John F. Cowan & Son
(Address) 901 E. Fallsway St.

20. FILED JUL 5 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis ?	???

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

25399 ✓ F 25399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-W

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3008 Keswick Ave St., 55 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Burns If U. S. Veteran specify War Record

(a) Residence: No. 3008 Keswick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Ora J. Burns
7. DATE OF BIRTH (month, day, year): Aug 17-1875
8. AGE: Years 60; Months 10; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manfg. Bottles
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 0086
10. Date deceased last worked at this occupation (month and year): July 2. 36
11. Total time (years) spent in this occupation: 32 Yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: John Burns
14. BIRTHPLACE (city or town) (State or country): Washington D. C

MOTHER
15. MAIDEN NAME: Margaret Christine
16. BIRTHPLACE (city or town) (State or country): U. S. Pennsylvania

17. INFORMANT: Ora J. Burns
(Address) 3008 Keswick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 6th 1936

19. UNDERTAKER: William Cook
(Address) 127 St Paul Street

20. FILED 7-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to 7/3/36, 19. I last saw h[illegible] alive on 7/3/36, 19. Death is said to have occurred on the date stated above, at 6.5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos A. Jolley M. D.
(Address) 5703 Harford Rd

F 25400 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25400

CERTIFICATE OF DEATH

Registered No. Pimlico 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3205 West Rogers Ave St., Ward 24-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie H Herbert

If U. S. Veteran specify WAR. No Record

(a) Residence: No. 3205 West Rogers Ave St., Ward. Life

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (WIFE) (or) HUSBAND of Jeremiah Herbert

6. DATE OF BIRTH (month, day, year) Jan 21-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 2003

10. Date deceased last worked at this occupation (month, year) 1931

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kinkle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Conley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jeremiah Herbert

(Address) 3205 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn. Date 7/6 1936

19. UNDERTAKER Williams & Cook Inc I.

(Address) 1217 St Paul

20. FILED 7-5-1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1930, to July 3, 1936

I last saw her alive on July 3, 1936 Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Recent.
Hypertension	
Other contributory causes of importance: Obesity and Diabetes	Recent.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M H Heady, M. D.

(Address) 1403 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

25401

F 25401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-B

1. PLACE OF DEATH 924 E. 20 Ste Street

CITY OF BALTIMORE: (No. ..... St., 4-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Mann

(a) Residence: No. 924 E. 20th Street Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 6 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Altoona Pa.

FATHER

13. NAME Charles Mann

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Ann Ridall

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Murilla Robinson

(Address) 924 E. 20th Street

18. BURIAL, CREMATION, OR REMOVAL Place Altoona Pa Date July 6 36

19. UNDERTAKER Coleman Cook

(Address) 247 S. Caroline St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from September, 1935 to July 4, 1936

I last saw h[illegible] alive on July 4, 1936 Death is said to have occurred on the date stated above, at 1:30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Vagina	Nov. 1934

Other contributory causes of importance:

Name of operation Excision Tumor Date of Nov 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Peake M. D.

(Address) 4556 Harford Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 5-1836

F 25402

3 - P.M. 3 2

F 25402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 31439

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 17-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Jordan

(a) Residence: No. 784 W. Mulberry St., Ward. Color 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of, (or) WIFE of Virginia Jordan

6. DATE OF BIRTH (month, day, year) Oct. 8, '88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47 48	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.06

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Jordan

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Anna —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

Place Date 19

19. UNDERTAKER Edward D. Lynch

(Address) 1805 Connell

20. Filed JUL 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to July 4, 1936

I last saw h alive on July 4 1936 Death is said to have occurred on the date stated above, at 1:33 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Nephrosclerosis	June 8
Uremia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wards A. Allen M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 25403

F 25403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 E. Baltimore St. 1-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Kehoe

If U. S. Veteran specify WAR

(a) Residence: No. 3115 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) County Waterford Ireland

FATHER

13. NAME Robert Cosgrove

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Kehoe

(Address) 3115 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Phone Date July 6 1936

19. UNDERTAKER John C. Miller

(Address) 2133-35 Eastern Ave

E. E. Engler Williams

20. FILED

JL 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance: arterial hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Wright M. D. Coroner

(Address) 1510 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25404 ✓

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 N. Calvert St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. ...

2. FULL NAME Theodore E. Sprague

(a) Residence: No. 2010 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Sprague

6. DATE OF BIRTH (month, day, year) Sept 17, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern Keeper

10. Date deceased last worked at this occupation (month and year) 1944

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME Earl Sprague

14. BIRTHPLACE (city or town) Peoria (State or country)

15. MAIDEN NAME Augusta Eames

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Augusta Sprague (Mother)

(Address) 540 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 6, 1936

19. UNDERTAKER Albert W. Berger & Son

(Address) 440 E. North Ave

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound through head	7/2/36

Other contributory causes of importance: ...

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation none Date of ...

What test confirmed diagnosis? Circumstances Was there an autopsy? no

23. If death was due to External causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 7/2, 1936

Where did injury occur? 2010 N. Calvert St. Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot wound

Nature of injury Brain Trauma

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. H. Pickenbrose M. D. Coroner

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56

F 25405

F 25405 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 B

U-13184

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-13 Ward)
32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Magdaline Kvedera

(a) Residence: No. 26 S. Parkin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles

6. DATE OF BIRTH (month, day, year): 2-?-1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	✓		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Charles

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Eva

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer cemetery Date July 6, 1936

19. UNDERTAKER Chas B. Kushlyetas
(Address) 637 S Paca St

20. FILED 5-1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to July 3, 1936

I last saw her alive on July 3, 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	March 1936
Other contributory causes of importance:	
Emphysema	Unknown

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical + pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. L. de Lautelle M. D.
(Address) Baltimore City Hospitals

INSTRUCTIONS: Use typewriter if possible. Print plainly in ink if typewriter is not available. See instructions on back of certificate.

F 25406 # 11579 F 25406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-8-72-13

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 40-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etta Williams (or Harris)

(a) Residence: No. 1945 Booth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Harris

6. DATE OF BIRTH (month, day, year): 3-11-~~1898~~ 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~58~~ 28	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: George

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Cela Merring

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: July 6, 1936

19. UNDERTAKER: Mrs Katie R Williams
(Address): 322 d Lexington St.

20. FILED: [illegible] Registrar.

JUL 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7 - 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-7-, 1936, to 7-2, 1936

I last saw her alive on 7-2, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma with Rectal Strictures	?
Other contributory causes of importance: Secondary Anemia	?

Was an operation performed? Yes Date of 1-9-36 - 2-19-36, 2-29-36 - 3-4-36, 4-10-36 - 5-09-36

For what disease or injury? Lymphogranuloma with Rectal Stricture

What test confirmed diagnosis? Frei Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Alb Brantigan M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 25407

F 25407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene Sts Ward) 7-1

Registered No. 122-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Clinton

If U. S. Veteran specify WAR

(a) Residence: No. 429 N Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Clinton

6. DATE OF BIRTH (month, day, year) Jan 12 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Clinton

14. BIRTHPLACE (city or town) (State or country) St. Mary Co Md

MOTHER

15. MAIDEN NAME Emelia Dyson

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Victoria Clinton

(Address) 429 Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place N. W. Cemetery Date July 7, 36

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED JUL 6 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936 to July 2, 1936

I last saw him alive on July 2, 1936 Death is said to have occurred on the date stated above, at 9:20 a.m. 1936

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Duodenum	
a tuberculosis	July 29,

Other contributory causes of importance:

Bronchopneumonia	7/2/36
Pulmonary tuberculosis (Active)	7/1/36

Was an operation performed? Yes Date of July 29

For what disease or injury? Duodenal Ulcer

Name of operation, Gastroenterostomy Date June 29

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) H. M. Robinson Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25408

F 25408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 944 W. Franklin St., (or) Ward) 19

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Dinkwater

(a) Residence: No. 944 Franklin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or~~ WIFE of Wm. Dinkwater

6. DATE OF BIRTH (month, day, year) Feb. 6 1881

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Louis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannah Moore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Dinkwater

(Address) 944 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Place Homewood Cem. Md. Date July 6, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED JUL 6 - 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936 to July 2, 1936

that I saw h.. alive on June 28 1936 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease Heart	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hawk C. Draper M.D.

(Address) 6 E. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

M. F. B. F 23409 F 25409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 West Lexington St. 18-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wheatley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1136 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Wheatley

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ella Wheatley
(Address) 1136 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 6, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Arlington Ave.

FILED JUL 6 - 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Asthma

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 25410

F 25410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Pulaski St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adam Obst

(a) Residence: No. 14 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettchen Kohl Obst

6. DATE OF BIRTH (month, day, year) Sept. 5th. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Record & Goldsborough

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mainz (State or country) Germany

FATHER

13. NAME Mathias Obst

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Johanna H. Pertsch

(Address) 14 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 6 1936

19. UNDERTAKER Frederick A. Tyler

(Address) 400 W. Lombard St

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30 1936 to July 3 1936

I last saw h[illegible] alive on July 2 1936 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of Brain	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Goldsborough M. D.

(Address) 742 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

16-1000

F 25411 F 25411

315 55 44

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 24

CITY OF BALTIMORE: (No. ..... St., 1-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Williams If U. S. Veteran specify WAR .....

(a) Residence: No. 1905 E. Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of allen

6. DATE OF BIRTH (month, day, year) 10-20-06

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME Matthew Carnegie

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Fanny Nunn

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary cem. Date 7-7 1936

19. UNDERTAKER Bynon Mamie W. Wright
(Address) 2102 E. Oldenburg St

20. FILED ..... Registrar.

JUL 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to July 5, 1936.
I last saw her alive on July 5, 1936. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	7/3/36
Other contributory causes of importance:	
Pyelitis.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wards B. Allan, M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

vs 2

M. D. B. 12

F 25412

F 25412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

3 months

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mohemedeen B. Abdulhamin

(a) Residence: No. 888 N. Bridge Road. Singapore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Malay	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Amboon (State or country) Dutch East India

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Ramsay Scarlett Co. (Address) Pier 6 Locust Point

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Park Date July 6 19 36

19. UNDERTAKER John O. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED 19 Registrar.

G-1536 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	
Syphilitic	
Endocarditis	

Other contributory causes of importance:

Was an operation performed? Yes Date of July 3, 1936

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of July 3

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. Coroner

(Address) 2757 W. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

V56

F 25413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25413

CERTIFICATE OF DEATH

59

U-14669

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Miller

(a) Residence: No. 1003 Hillman Sts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noah

6. DATE OF BIRTH (month, day, year) 9-13-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Simon Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wertz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 7, 1936

19. UNDERTAKER Edgar W. Corbett

(Address) 924 E. Eager St.

FILED JUL 6 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to July 4, 1936

I last saw her alive on July 4, 1936. Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism Heart Disease	Unknown
Diabetes Mellitus	Unknown
Bronchopneumonia	3 days ago

Other contributory causes of importance:

Auricular fibrillation	Unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 25414

F 25414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR ____

2. FULL NAME Shirley Schafer

(a) Residence: No. 2th. Ave. St., Carney, Balto. Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H. Schafer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elsie Safronek

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Schafer

(Address) Carney Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park Aug 6 1936

19. UNDERTAKER John Ulrich

(Address) 2 E. Fillmore St

FILED ____ 19 ____ Registrar.

JUL 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Appendix	
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 8, 193

For what disease or injury? Appendicitis

Name of operation Appendectomy Date July 2, 1936

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) R. K. Cradlin M. D.

Coroner

(Address) 2757 N. 10th

OCCUPATION is very important. See instructions on back of certificate.

25415 (7-5-) 1263-9

F 25415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Little Pine St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Nobles

If U. S. Veteran specify WAR

(a) Residence: No. 904 Little Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Martin Nobles

6. DATE OF BIRTH (month, day, year) June 30 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Preston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Hester Parker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hester Parker
(Address) 904 Little Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 6 1936

19. UNDERTAKER Troy Oliver
(Address) 600 E Fayette

FILED JUL 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis,	

Other contributory causes of importance

Alcoholic

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann M. D.
Coroner

(Address) 1216 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F.D. 25416

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mid Central Dispensary & Emergency Hospital — Registered No. ×✓186a

CITY OF BALTIMORE: (No.) St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Miss Emma E. Byrton

(a) Residence: No. 114 Lafayette Ave St. Laurence Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME John Byrton

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Martha Bachmann

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs Wathington Garvey

(Address) 3333 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Md Date July 8 1936

19. UNDERTAKER Lloyd Faber Lauraland

(Address) Huntington Williams

20. Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured leg	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury July 6 1936

Where did injury occur? Laurel Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fractured leg

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1215 Hanover

JUL 6 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 6

F 25417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 ✓

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Hajek

If U. S. Veteran specify WAR .....

(a) Residence: No. 4 E. Texas Ave. St., ... Ward. Parkville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Hajek

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frank Hajek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Barbara Burg

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Hajek

(Address) 4 E. Texas ave. Parkville

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date July 8 1936

19. UNDERTAKER Frank Cratch & Son

(Address) 1906 Eastland Ave

Huntington Williams Md

20. FILED ..... 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide (Date of injury) July 5 1936

Where did injury occur? 4 E. Texas ave Parkville Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot of head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Paul Schreyer, M. D.

Coroner

(Address) 1919 E. North Ave.

vss state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 6-1936

F 25418

M. D. 3 1268-9

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 76-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3404 Toone St., Ward

Length of residence in city or town, where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin F. (Deem) Deem

U. S. Veteran (Specify WAR)

(a) Residence: No. 3404 Toone St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly (Emma) Deem

6. DATE OF BIRTH (month, day, year) March 10 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Mill yd 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethl. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cave W. Va.

FATHER

13. NAME (Emma) Deem

14. BIRTHPLACE (city or town) (State or country) Cave W. Va.

MOTHER

15. MAIDEN NAME Amelia Kerns

16. BIRTHPLACE (city or town) (State or country) (Cave) W. Va.

17. INFORMANT Nancy (Emma) Deem

(Address) 3404 Toone St

18. BURIAL, CREMATION, OR REMOVAL

Place Morelands Memorial Park Date July 7th, 1936

19. UNDERTAKER Leo G. Crook

(Address) 1703 N. Patterson Park Ave

20. FILED Hestington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 E. Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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L 6-1936

F 25419

F 25419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 6-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 11 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norman Vernon Icenroad

If U. S. Veteran specify WAR .....

(a) Residence: No. 2526 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 16, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town), (State or country) Baltimore Maryland

FATHER

13. NAME Charles Icenroad

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Carrie Whittig

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother (Carrie Icenroad)

(Address) 2526 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date July 6, 1936

19. UNDERTAKER Mrs. E. Milby & Son

(Address) 2334 Jefferson St. Huntington Williamsport

20. [illegible] Registrar.

6-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 4 — 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 4, 1936

I last saw him alive on July 4, 1936 Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - Influenzal	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) [signature] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25420

F 25420 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-53

Registered No. 12737

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Calloway

(a) Residence: No. 102 N. Vincent St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynchburg, Va.
(State or country)

FATHER

13. NAME Henry Calloway

14. BIRTHPLACE (city or town)
(State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town)
(State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date July 7 1936

19. UNDERTAKER Joseph A. Purdy
(Address) 1098 Mount St

20. FILED 7-7-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to July 2, 1936.

I last saw him alive on July 2, 1936 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6-28-36.
Other contributory causes of importance:	
Arteriosclerosis, general	Unknown
Cerebral thrombosis	9-7-34

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. De Lambert M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 25421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25421

344 12290 53

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosabelle King

If U. S. Veteran specify WAR

(a) Residence: No. 917 Jordan Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 1, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Dan Jefferson

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Rachel Weldon

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7/8 1936

19. UNDERTAKER Joseph D. Locke Jr
(Address) 1362 Gilmor St

FILED 19 Registrar

L 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to July 3, 1936

I last saw her alive on July 3, 1936 Death is said to have occurred on the date stated above, at 10 35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Balto. City Hospitals.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 25432

F 25422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 X 207-H

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 4-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leroy Wm. Flemming

If U. S. Veteran specify WAR

(a) Residence: No. Wilmington St., Ward. Delaware.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 8, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington
(State or country) Delaware

FATHER

13. NAME Harry B. Flemming

14. BIRTHPLACE (city or town) Delaware
(State or country)

MOTHER

15. MAIDEN NAME Florence Pierson

16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Harry B. Flemming
(Address) Wilmington, Delaware

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington, Del Date July 8, 1936

19. UNDERTAKER P. Flemming & Son
(Address) 32 S. Broadway Wilmington, Delaware

JUL 6 1936, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & 2nd degree burns	
Abdomen & Chest.	

Other contributory causes of importance:
Shock & Toxemia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 3, 1936

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On top of Penna. Electric Train

Manner of injury Fell across high tension

Nature of injury electric burns.

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Hans Schenberg M. D. Coroner.

(Address) 1912 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

F 25423

F 25423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteer Hosp ST., (WARD) 15-13

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Raleigh

(a) RESIDENCE NO. 3025 Old Spring ST., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 06 V

(b) General nature of industry, business, or establishment in which employed (or employer) Gilbert Vault Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Levin Raleigh

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant R H Wood

(Address) 3025 Coldspring Lane

15 Filed JUL 6 1936 19 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3 1936

17 I HEREBY CERTIFY, That I attended deceased from June 24 36 19 . to July 3 19 36

that I last saw h[illegible] alive on July 3 19 36

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebro-Hemorrhage

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A. J. Gorman M. D.

, 19 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL July 6 1936

20 UNDERTAKER Harry H Witzke — ADDRESS [illegible] Fulton & Lemmon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

F 25424

F 2342[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓46-B

1. PLACE OF DEATH

U-13732

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Toner

(a) Residence No. 103 E. Hamburger St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-3-1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Annie Simore

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT B.C.H Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 6 1936

19. UNDERTAKER Fred J. Kerner & Son
(Address) 1216 E. Chase St.

JUL 6 - 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to July 4 1936

I last saw him alive on July 4 1936. Death is said to have occurred on the date stated above, at 6.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	March 1936
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) P. A. de Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F. D. 25425

F 25425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph W. Smith Sr.

If U. S. Veteran specify WAR

(a) Residence: No. Darsey md St., Ward. Darsey Md.

(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lilly C. Smith

6. DATE OF BIRTH (month, day, year) May 15-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B&O Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME unknown Smith

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Joseph W. Smith Jr.

(Address) Darsey

18. BURIAL, CREMATION, OR REMOVAL

Place Poney Md Date July 7. 1936

19. UNDERTAKER Harry H. Amadeo Son

(Address) 6204 Reynold Ave

20. FILED 19 A. Lynton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 4-1936

Other contributory causes of importance: Chronic Chronic Myocarditis & nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

M. F 25426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25426

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 West Pratt St., 19-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Cohan

(a) Residence: No. 1809 West Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Cohan

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Reuben Mehmendeross

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Allan Cohan

(Address) 1915 W. Pratt St Son

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 7/6 19 36

19. UNDERTAKER Sol Levinson Bros

(Address) 1127 E Baltimore St

20. FILED ..... 19 .....

JUL 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 2 14 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
July 6th	July 6th
Coronary Thrombosis	

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1739 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 25427

F 25427 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 S. Bouldin St. St., 26-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Kurtz If U. S. Veteran specify WAR .....

(a) Residence: No. 935 S. Bouldin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kurtz

6. DATE OF BIRTH (month, day, year) Feb. 22/1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Wright

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Kurtz (Hus.)
(Address) 935 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 8 1936

19. UNDERTAKER Tilly & Eilenberger
(Address) 403 S. Wolfe St.

6-1936 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest finding that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Partially Compensated

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) A. M. Murphy M. D.
Coroner

(Address) 1010 E. Fayette St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. [illegible] F 25428

F 25428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital — 4 W — 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph Hayes Haltman — If U. S. Veteran specify WAR .....

Res. [illegible] (Usual place of abode) Court Pl. & Westminster St., Maryland Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/3-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. Name Charles L. Haltman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. Maiden name Mary E. Hayes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wallace J. Haltman (Address) Court St. Westminster Md

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date July 8, 1936

19. UNDERTAKER J. Bankard & Son (Address) Westminster, Md.

20. FILED [illegible] Carrington Williams

JUL 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 - 5:20 P.M. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... decease on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	7/5/36
Fracture pelvis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Acc Date of injury 7/5 1936

Where did injury occur? Reisterstown Rd near Pikesville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto collided with telephone pole

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bailey Autz M. D. Coroner

(Address) 907 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-2

Beaton

F 25429

F 25429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Boarman St. 15-11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Alma Miller (Elizabeth) Beaton

(a) Residence: No. 3718 Boarman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Raymond M Beaton

6. DATE OF BIRTH (month, day, year) Dec 12th 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as a'lk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm H. Miller

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Ida Virginia Ashlock

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va

17. INFORMANT Mrs Grace Albright

(Address) 3718 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/7/36 19

19. UNDERTAKER Jno. Weber & Son

(Address) 2503 Edmondson Ave

FILED JUL 6 1936 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to July 5 1936

I last saw her alive on July 4, 1936. Death is said to have occurred on the date stated above, at 9:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic infectious multiple arthritis	1929
chronic myocarditis	1934
hypostatic pneumonia	7/2/36

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George L Kuppy M. D.

(Address) 3030 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25430

F 25430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto General Hosp (Ward) 21 M

Registered No. 5-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney Klein

If U. S. Veteran specify WAR

(a) Residence: No. 4134 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bainstery Georgia

FATHER

13. NAME Max Klein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Friedlander

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Wife Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 7/6/36, 19

19. UNDERTAKER (Address) Jos Levy & Sons 1439 E. Balto St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-36; 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Fatty Embolism	6

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 6/14, 36

Where did injury occur? Max 4134 Reisterstown Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Reisterstown Rd - City

How was injury sustained? Struck while standing on pavement as result of collision between two automobiles

Was injury in any way related to occupation of deceased?
If so, specify.

(Signed) Herbert Bayley Auto, M. D.
Coroner

(Address) 907 N Wade

JUL 6 - 1936

Please CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25431

M. D. B. 1068-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 25431

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S. Tremont Road, St., 28-4 Ward)

Lifetime

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME WILLIAM G. REYNOLDS

(a) Residence: No. 114 S. Tremont Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) November 3rd. 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William F. Reynolds

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Catherine A. Hart

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William F. Reynolds
(Address) 114 S. Tremont Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 7th/ 36

19. UNDERTAKER Chas F. Bauer & Son
(Address) 118 N. Mt. Royal Ave

20. FILED JUL 6 - 1936 Huntington Blythe M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to July 4, 1936

I last saw him alive on July 4, 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	1/1/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? none. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Eugene L. Pearson M. D.

(Address) 510 Drury Lane

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25432 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25432

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH

U-12030 S-1

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Styles

(a) Residence: No. 1412 E. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Anderson ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Edna ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place John Hopkins Hosp. Date July 6 1936

19. UNDERTAKER Undertaker Death.

(Address)

6-1936 Washington Williams

2424

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1936, to June 30, 1936.

I last saw her alive on June 30 1936. Death is said to have occurred on the date stated above, at 4.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	unknown
Cerebral hemorrhage	6-29-36
Other contributory causes of importance:	
Cerebral hemorrhage	1-29-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

F 25433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25433 ✓ X 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Helps

(a) Residence: No. Severna Park St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Helps

6. DATE OF BIRTH (month, day, year) Mar. 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71 years.	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Genl Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 2016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Helps

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalene Ehrenmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Howard E. Zieffle (Address) 3206 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oaklawn Date July 7, 1936

19. UNDERTAKER Wm. J. Tickner & Son (Address) North & Pine Sts.

JUL 6 - 1936 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1/36 19... to 7/4/36 19...

I last saw h... alive on 7/4 19 36 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular Accident (Hemorrhage).	
Other contributory causes of importance:	
a Broncho-Pneumonia	
b Emphysema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Warren Albellan, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25434

F 25434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-6

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Southern Hospital St., 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Bowen
If U. S. Veteran specify WAR .....

(a) Residence: No. 2510 Greenmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Bowen

6. DATE OF BIRTH (month, day, year) June 11 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0.061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Policeman

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. W. Bowen

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Lucy Van Arsdel

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Clara W. Bowen
(Address) 2510 Greenmount

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 7, 1936

19. UNDERTAKER W. J. Tuckey & Sons
(Address) North & Pennsylvania Ave

Filed JUL 6 - 1936, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936 to July 3, 1936

I last saw him alive on July 2, 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-25-36
Other contributory causes of importance: Old age	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

I HEREBY CERTIFY, That I attended the deceased from ..... to ..... 19 ..... M. D.

(Signed) Thorlet A. Blake

(Address) Med. Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

F 25435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25435

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Cliftonpark Terrace St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maud E. Black

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2816 Clifton Park Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Oscar T. Black

6. DATE OF BIRTH (month, day, year): Mar. 10 - 1882

7. AGE: Years 54 | Months 3 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month, day, year): 6/30/36

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: Amos Bopp.

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Sarah Freeze

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT (Address): Oscar T. Black 2816 Clifton Park Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: July 7th 1936

19. UNDERTAKER (Address): Wm Cook 1217 E Paul St

Filed ..... 19..... Registrar.

6-1936

MEDICAL CERTIFICATE OF DEATH 10.9 m.

21. DATE OF DEATH (month, day, year): July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 1930 19..... to July 4 1936

I last saw her alive on July 4th 1936. Death is said to have occurred on the date stated above, at 10.9 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset .....

Hemeplegia. (Hemorrhage) .....

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson ave

OCCUPATION is very important. See instructions on back of certificate.

25436

F 25436

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Joseph

If U. S. Veteran specify WAR No Record

(a) Residence: No. 824 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Joseph

6. DATE OF BIRTH (month, day, year) May 22nd 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 7/3/36

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Daniel Mitchell

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Margaret Downs

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT John Joseph
(Address) 824 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 7th 1936

19. UNDERTAKER Wm Volk
(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, to July 5, 1936

I last saw her alive on July 5, 1936 Death is said to have occurred on the date stated above, at 7:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-3-36
Pulmonary Edema	7-3-36

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. M. Hartman M. D.

(Address) Maryland Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6-1936

M. D. P. 1269-9

✓ F 25437

F 25437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital 11-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Butler Gay-Lord

(a) Residence: No. 205 Mt. Royal Ave E. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Lyman W. Gay-Lord

6. DATE OF BIRTH (month, day, year) July 15, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June '36

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

FATHER

13. NAME George F. Ball

14. BIRTHPLACE (city or town) (State or country) Newbern, N.C.

MOTHER

15. MAIDEN NAME Nellie Harris

16. BIRTHPLACE (city or town) (State or country) Smithfield N.C.

17. INFORMANT Dr. Lyman Gay-Lord
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Raleigh N.C. Date July 6, 1936

19. UNDERTAKER Arrasmith Cook
(Address) 120 E. Saratoga St.

20. FILED ... Registrar.

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936 to July 6, 1936

I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	July 3, '36

Other contributary causes of importance:

Pelvic Inflammatory Disease with Pelvic Peritonitis, Intestinal Obstruction, Acute.	June 13, 1936

Name of operation {Exploratory Laparotomy, Release of Intestinal Adhesions, Appendectomy} Date of June 22, '36

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. Allen Deckert, M. D.

(Address) 1123 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Deacons

✓ F 25438

F 25438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Angelica Decan (Deacon) If U. S. Veteran specify WAR .....

(a) Residence: No. 1535 E. 29 St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thos K Decan

6. DATE OF BIRTH (month, day, year) May 20, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) 7-3-36

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos Diver

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Eliz. Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thos K. Decan (Husband)

(Address) 1535 E 29 St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date July 7. 1936

19. UNDERTAKER Henry Sander Son Inc Jerry F Lawlor

(Address) Baltimore & Broadway

20. FILED [illegible] 1871

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1936

22. I HEREBY CERTIFY, That I viewed the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	7-3-36
Other contributory causes of importance: Multiple fracture both forearms	7-3-36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-3-, 1936

Where did injury occur? Her home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Fell down stairs

Nature of injury Fract Skull & forearms

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

L 6-1936

M. D. B. 1268-9

F 25439

F 25439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-A1

Registered No. 22473

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore General Hospital St., Ward.

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 15 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Robinson Solomon Jr.

(a) Residence: No. 235 E. Grindall St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John R. Solomon

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Bertha B. Rinkle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John R. Solomon (Father)
(Address) 235 E. Grindall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date July 9, 1936

19. UNDERTAKER John F. Denny
(Address) 715 Eutaw St.

Registrar.

L 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated [illegible]	7/3/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 7/3 1936

Where did injury occur? On Perkins near Bush St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury Collision with parked

Nature of injury Struck car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Beatty Auto M. D.
Coroner

(Address) 902 N. Charles St.

F 25439

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 1936

19. UNDERTAKER
(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

F. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25440 ✓

× 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie A. Riddick

(a) Residence: No. Brandywine P.O. of T.B. St., Prince George, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Rev. R.A. Riddick

(Address) T. B. Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington N.C. Date 7-11 19 36

19. UNDERTAKER Thos. J. Frazier and Co.

(Address) 384 - R.I. Ave. N.W.

20. FILED 7-6-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-23-1936 to 7-6 1936

I last saw her alive on 7-6 1936 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	7-5-36
Arteriosclerotic heart disease	8 mos ago
Other contributory causes of importance: Arteriosclerosis	14 yrs ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. A. Jackson M. D.

(Address) 600 N. Arlington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

L 6-1936

F 25441

✓ F 25441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 E. North Ave. 8-K Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Sophie Kalbskopf

If U. S. Veteran specify WAR.....

(a) Residence: No. 2240 E. North Ave. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kalbskopf

6. DATE OF BIRTH (month, day, year) Nov. 12 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Heberlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wm. Meredith

(Address) 2240 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date July 7 1936

19. UNDERTAKER Mrs. C. Miller & Son

(Address) 2234 Jefferson St.

20. FILED 7-6-1936 [illegible]

R. 1-27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 - 36

22. I HEREBY CERTIFY, That I attended deceased from June 1st. 1936 to July 5 - 36

I last saw her alive on July 4 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Jan 36

Other contributory causes of importance:

none

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) F. F. Herrmann M. D.

(Address) 1710 E. 33rd St.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 25442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25442

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Teal

(a) Residence: No. 1200 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Teal

6. DATE OF BIRTH (month, day, year): Mar 17 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Thomas Chaney

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Elizabeth Merrett

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus Supr. (Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: July 7, 1936

19. UNDERTAKER: Rita Wiedefeld (Address) 914 Greenmount Ave

Registrar

L 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to July 6, 1936

I last saw her alive on July 3, 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Asthma	2 wks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. M. A. Barker, M. D.

(Address) 1114 Hanover Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25443

✓ F 25443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 Fulton Ave St. 17-3 Ward)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Suggs

If U. S. Veteran specify WAR

(a) Residence: No. 755 Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Suggs

6. DATE OF BIRTH (month, day, year) 6-3-1895.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Lillian Suggs

(Address) 755 Fulton St

18. BURIAL, CREMATION, OR REMOVAL

Place Orbatus Cem Date 7/7 19 3[illegible]

19. UNDERTAKER Wm A Jackson

(Address) 416 Pennsylvania Ave

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 19 31

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 3 1931

Other contributory causes of importance:

Was an operation performed? unk Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L. Allen M. D.
Coroner

(Address) 509 Augusta St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 6-1936

M. D. B 1268-9

Dawson ✓

F 25444

F 25444 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) Provident Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Dawson

If U. S. Veteran specify WAR World War

(a) Residence: No. 1001 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) about 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lee Ray Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Hospital Records

(Address) Dubois St —

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 7/8 19 36

19. UNDERTAKER Wm A Jackson

(Address) 916 N Penna ave

20. FILED 6 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of heart and chest	June 24 1936

Other contributory causes of importance:

Was an operation performed? yes Date June 24-

For what disease or injury? Gunshot wound of heart & chest

Name of operation Chest Operation Date June 24-36

What test confirmed diagnosis? Necropsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury June 24 1936

Where did injury occur? 1001 Penna Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury (Gunshot wound of chest heart)

Nature of injury (by pistol)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 507 Druid Park Drive

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25444

Form V S 6

M. D. B 1268-9

F 25445

F 25445 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Newkirk St. St. 76-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Agnes Hall.

(a) Residence: No. 610 Newkirk St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hall

6. DATE OF BIRTH (month, day, year) Feb. 8th-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Powers

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Albert Hall
(Address) Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date July 5 1936

19. UNDERTAKER John G. Connelly
(Address) Essex, Md.

20. FILED 6-1936 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... at 5A m. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Embolism	

Other contributory causes of importance:

Probably Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. M. Douglas M. D.
Coroner

(Address) 1010 E. Oliver St.

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 E. Biddle St., E-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert P. Anthony

If U. S. Veteran specify WAR .....

(a) Residence: No. 2128 E. Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary V. Anthony

6. DATE OF BIRTH (month, day, year) February 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Anthony

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia Patterson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter E. Anthony (Address) 2128 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Morland Park Date July 8th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED ..... 19..... Registrar

JUL 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner . M. D.

(Address) 1919 E. Northern Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

F 25447

M. D. B 1263-9

F 25447 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul R. Heisey

(a) Residence: No. Borings Balto. Co. Md. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 27, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. City. Md.

FATHER

13. NAME Paul M. Heisey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha Rasline

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Paul Heisey
(Address) Borings Md.

18. BURIAL, CREMATION, OR REMOVAL
Place All Saints Date July 8 1936

19. UNDERTAKER J. F. Cline & Sons
(Address) Reisterstown Md.

20. FILED JUL 7 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Tetanus	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. R. Carlson M. D.
Coroner

(Address) 2757 W. Mts

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 25448

F 25448 HEALTH DEPARTMENT—CITY OF BALTIMORE

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp 14-3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Leslie

(a) Residence: No. 300 S Strickers St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Gillis

6. DATE OF BIRTH (month, day, year) November 4, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tavern Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) 2 Months at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Daniel T. Gillis

14. BIRTHPLACE (city or town) (State or country) Carrol County Md

MOTHER

15. MAIDEN NAME Mattie Aldridge

16. BIRTHPLACE (city or town) (State or country) Carrol County Md

17. INFORMANT Mrs Catherine A. Gillis

(Address) 300 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Morgan Chapel Cem, Carrol County Md Date July 8, 1936

19. UNDERTAKER Pratt C & B M Walters

(Address) Pratt & Stricker Sts

20. FILED JUL 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/24/36, 19, to 7/4/36, 19

I last saw him alive on 7/4/36, 19. Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage Pancreatitis	6/24/36

Other contributory causes of importance:

Name of operation Cholecystostomy appendectomy Date of 6/24

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) West Balto Gen'l Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 7 - 1936

M. D. B. 1268-A

F 25449

E 25449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH John Hopkins Hospital 210-M Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Friedemann

If U. S. Veteran specify WAR .....

(a) Residence: No. 1644 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen B. Friedemann

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Friedeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eichmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen B. Friedemann

(Address) 1644 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 8, 1936

19. UNDERTAKER Feeney Bros. Funeral Dirs.

(Address) 30, E. Fayette

20. FILED July 7, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract skull	7-3-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-3, 1936

Where did injury occur? 1644 Aisquith St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Specify how injury occurred Stepped out into front of Auto & fell to street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hubert Bentley Auto, M. D.

Coroner

(Address) 907 N. Chas St

JUL 7 - 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. B 1268-9

F 25450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 25450

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Elie

If U. S. Veteran specify WAR

(a) Residence: No. 1519 [redacted] Bank St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced? (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Suffolk Virginia

FATHER

13. NAME Willis

14. BIRTHPLACE (city or town) (State or country) Suffolk Virginia

MOTHER

15. MAIDEN NAME Louise Watkins

16. BIRTHPLACE (city or town) (State or country) Suffolk Virginia

17. INFORMANT Rev Elie, Uncle

(Address) 1504 N. Bond

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 1st 1936

19. UNDERTAKER Elie & Mallory

(Address) 1202 Pratt-Paca

20. FILED [illegible] 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by an autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	
Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. F. Voigt M. D.

(Address) 1010 S. Ellwood Ave Coroner

V 5 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 25451 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25451

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Hanover St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W Sauk

(a) Residence: No. 1803 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rena I

6. DATE OF BIRTH (month, day, year) Nov 1 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James W Sauk

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rebecca Dezuito

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rena I Sauk

(Address) 1803 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 7/8 19 36

19. UNDERTAKER L. F. McCully

(Address) 130 E Fort Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1936 to July 5 1936

I last saw alive on July 5 1936 Death is said to have occurred on the date stated above, at 6:A: m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Laryngeal Tuberculosis	
(Indefinite)	
Other contributory causes of importance:	
Exhaustion	7/4/36

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

Signed L. F. Campbell M. D.

7/6/36 (Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 25452

F 25452

U 14814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Tuberculosis Division - Baltimore City Hospitals
CITY OF BALTIMORE: (No. ... St. ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Howard S. Johnson

(a) Residence: No. 109 N Schroeder St. St., 18th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beulah Johnson

6. DATE OF BIRTH (month, day, year) December 28, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Waters

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date July 9th 1936

19. UNDERTAKER A. Jones
(Address) 111 S. Pilmont

20. FILED JUL 7 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1936, to July 5th, 1936,
I last saw him alive on July 5th, 1936. Death is said to have occurred on the date stated above, at 3.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1925
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Ben H. Feldman, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

F 25453

F 25453 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Argyle Ave St. 14-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Gross Norris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1526 Argyle ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Norris

6. DATE OF BIRTH (month, day, year) 1834

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
102			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (illegible)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Gross

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sallie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie F. Scott

(Address) 1526 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Cem. Date 7/7/ 1936

19. UNDERTAKER Frances A. Hamburger

(Address) 624 W. Biddle St.

20. FILED 7-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1/ 1936, to 7/4/ 1936

I last saw h[illegible] alive on 7/3/ 1936 Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J B Hawkins M. D.

(Address) 912 Gilmor St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CL 3

F 25454 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25454

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mrs. Mary Elizabeth Hill

If U. S. Veteran specify WAR None

(a) Residence: No. 819 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Bryant Hill

6. DATE OF BIRTH (month, day, year) May 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Attomberg Germany

FATHER

13. NAME Hermann Ritter ? ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Steiger ? ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Granville Farcasie (daughter)
(Address) South Hanover, Mass.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date July 8/36

19. UNDERTAKER Stewart & Modern Company
(Address) 108-20 North Avenue

FILED JUL 7 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6/36 19

22. I HEREBY CERTIFY, That I attended deceased from 5-24-36, 19, to 7-6-36, 19

I last saw h alive on 7-6-36, 19 Death is said to have occurred on the date stated above, at 4 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Epithelioma Sigmoid.	1931
Metast. Omentum	
Other contributory causes of importance Thrombosed Jugular Cerebral Embolus	5-26

Was an operation performed? yes Date of 5-26

For what disease or injury? see diag.

Nature of operation Exploratory Date of 5-26

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. P. Stokes, M. D.

(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25455 F 25455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Thomas O. Crafton

If U. S. Veteran specify WAR

(a) Residence: No. Belair, Maryland, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Crafton

6. DATE OF BIRTH (month, day, year) Jan. 29-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 50 Yrs.

12. BIRTHPLACE (City or town) (State or country) Hartford Co Maryland

FATHER

13. NAME Carlin Crafton

14. BIRTHPLACE (city or town) (State or country) Hartford Co Maryland

MOTHER

15. MAIDEN NAME Elizabeth Hyde

16. BIRTHPLACE (city or town) (State or country) Hartford Co Maryland

17. INFORMANT Mr. T. O. Crafton Sr

(Address) Bel Air R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakington Cemetery Date July 10th 1936

19. UNDERTAKER Henry Young & Sons

(Address) Edgewood Md

20. [illegible] Hartford Co. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to July 7, 1936

I last saw h[illegible] alive on July 7, 1936 Death is said to have occurred on the date stated above, at 9:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
diabetes.	
acute myocardial failure.	
Other contributory causes of importance:	
diabetic gangrene.	
arteriosclerosis.	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. T. Williams Jr., M. D.

(Address) Maryland General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 7-1936

F 25456 ✓ F 25456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 5th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Currei (Currere)

If U. S. Veteran specify WAR

(a) Residence: No. 412 Colvin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1st 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Fruits

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lorenzo Currere

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Seraphina (Garbo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Currere

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 7/8/36 19

19. UNDERTAKER Geo. J. Ruth Sons

(Address) 127 N. Eutaw St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to July 5, 1936

I last saw him alive on July 5, 1936 Death is said to have occurred on the date stated above, at 3:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	6/16/36
Other contributory causes of importance:	

Was an operation performed? yes Date of 6/17/36

For what disease or injury? Perforated gastric ulcer

Name of operation Repair perforated ulcer Date of 6/17/36

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Meyer Harry Gunnard

(Address)

L 7-1936

Information should be entered by typewriter, if possible. Any alteration must be initialed by informant. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25457 ✓ F 25457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 36 yrs. -- mos. -- ds.

2. FULL NAME Mrs. Mary B. Quinn

(a) Residence: No. 12 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James P. Quinn

6. DATE OF BIRTH (month, day, year) Mar. 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Ireland

FATHER

13. NAME Thomas Curran

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Delia Dempsey

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT James C. Quinn

(Address) 12 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 7/8 1936

19. UNDERTAKER Henry W. Mears & Son

(Address) 805 N. Calvert St.

20. Filed 19.. Registrar.

L 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1936 to 7/6 1936

I last saw h.. alive on 7/6 1936. Death is said to have occurred on the date stated above, at 4^45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abscess	5/30/36?
Generalized peritonitis	6/29/36?

Other contributory causes of importance:

Carcinoma of uterus	1932?

Name of operation Drainage of abdomen Date of 6/30/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) West Balto Gen'l Hosp

NPW

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25458

25458 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Kirkleigh Villa. St. 3-1-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MARY CECELIA MUELLER

If U. S. Veteran specify WAR

(a) Residence: No. 4301 ROland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widiw

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Leo Mueller.

6. DATE OF BIRTH (month, day, year) October 10th. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis L. McKenna

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. Boss

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Regina Callahan

(Address) 217 N. Liberty St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 8th, 1936

19. UNDERTAKER Chas E. Saunders Co

(Address) 118 W. Mt. Royal Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1936 to July 6 1936

I last saw h[illegible] alive on July 6 1936 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	July 6/36
Other contributory causes of importance:	
Arteriosclerosis Hypertension	1928

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) T. Scudder J. Geesey M. D.

(Address) 1700 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 7 1936

M. D. B 1268-9

F 25459

F 25459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 34-125-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 6 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Leona Coyan

(a) Residence: No. Dept. Corr. St., Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Coyan

6. DATE OF BIRTH (month, day, year) July 29 - 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexander

FATHER

13. NAME John Wilkins

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Francis E. Bowie

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Charles L. Weitzel Brother

(Address) 1155 Seattle Revere Apts

18. BURIAL, CREMATION, OR REMOVAL Brookleyn

Place Washington DC Date July 6 19 36

19. UNDERTAKER Lee Cook

(Address) 1213 S Eden St

20. Filed 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry) to h.s. death on the day stated above. 10.06 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
July 3	1936
Acute atrophy of liver	
(Genetic)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Pullen M. D. Coroner

(Address) 1939 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 1936 JPW

V 56

F 25460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25460

97

1. PLACE OF DEATH ~~JOHNS HOPKINS HOSPITAL~~ Home

CITY OF BALTIMORE: (No. 6601 Danville Ave 7-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth 60 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Norman

(a) Residence: No. 6601 Danville Ave, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Norman (deceased)

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Austria (State or country)

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Dr. Fred W. Keit

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date July 7 1936

19. UNDERTAKER Wendel & Eyerly

(Address) 1405 E. Biddle St

20. FILED July 7 1936 Registrar.

L 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to July 6, 1936

Last saw h.e. alive on July 5, 1936. Death is said to have occurred on the date stated above, at 10.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	3 wks
Other contributory causes of importance: Arteriosclerosis, hypertension	3 wks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred W Keit M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25461

F 25461 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Dashner — If U. S. Veteran specify WAR .....

(a) Residence: No. 15 S. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year) 4/6/77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Dashner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Hoffman

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 8, 19 36

19. UNDERTAKER Martin W. Cooper

(Address) 37 S. Amity St.

20. FILED ..... 19 .....

Registrar.

JUL 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1936 to July 5th, 1936

I last saw him alive on July 5th, 1936 Death is said to have occurred on the date stated above, at 7:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent lobular pneumonia, Bilateral	July 36
Coronary arteriosclerosis	?
Cerebral hemorrhage, left	?
Metastases to ribs & spleen	?
Other contributory causes of importance:	
Pulmonary infarct, left lower	
Myocardial scarring	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Osmond L. Keech, M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 25462

F 25462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Glover

(a) Residence: No. 447 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Nelson (Address) 447 W. Biddle

18. BURIAL, CREMATION, OR REMOVAL Place Date 7/8/36

19. UNDERTAKER Ernest Hensley (Address) 818 Druid Hill Ave

20. FILED [illegible] 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1936, to 7-5 1936

I last saw him alive on 7-5 1936 Death is said to have occurred on the date stated above, at 2:45 P. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-26-36
Malignant Hypertension	7 mo ago.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Jackson M. D.

(Address) 600 N. Arlington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 7 1936

M. D. B. 1268-9

F 25463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 McCulloh St., 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Wyson

(a) Residence: No. 2331 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Fem	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife Hilbert Wyson

6. DATE OF BIRTH (month, day, year) Dec. 12/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cairo. Ind

FATHER

13. NAME David Spaigler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester Jackson

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Kathleen Brundy

(Address) 2331 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Lookout Date 7/8 1936

19. UNDERTAKER Sam'l. McShane & Son

(Address) 638 N. Fulton

20. [illegible] Registrar.

JUL 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1936 to July 5th 1936

I last saw her alive on July 3rd 1936. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	May 2
Other contributory causes of importance: Marked debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. C. Leath, M. D.

(Address) 354 N. Bridle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 25464

F 25464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 17-3 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Cole

If U. S. Veteran specify WAR .....

(a) Residence: No. 508 Ogden St., ... Ward.

(Usual place of abode) COUSIN ST (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Cole

6. DATE OF BIRTH (month, day, year) Oct 10-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rocky Mountain No

FATHER

13. NAME Adelia Williams

14. BIRTHPLACE (city or town) (State or country) Elkridge Md

MOTHER

15. MAIDEN NAME Lilia Battle

16. BIRTHPLACE (city or town) (State or country) Rocky Mount NC

17. INFORMANT James W Williams

(Address) 508 Ogden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date July 9th 1936

19. UNDERTAKER Joseph A. Linby

(Address) 1129 N. Mount St

20. [illegible] 1936 Washington Billingsley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 5 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hosley Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D. Coroner

(Address) 501 Aisquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 7-1936

M. D. B. 1268-9

F 25465

F 25465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf St., 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Barnett Amelson

(a) Residence: No. 800 W Princess Ann Rd St., Norfolk, Virginia Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Mrs Sofiea Amelson

6. DATE OF BIRTH (month, day, year) Sept. 15, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Store

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Unknown Russia

FATHER

13. NAME Louis Amelson

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

MOTHER

15. MAIDEN NAME Goldie ?

16. BIRTHPLACE (city or town) (State or country) Unknown Russia

17. INFORMANT daughter

(Address) 800 W Princess Ann Rd. Norfolk. va.

18. BURIAL, CREMATION, OR REMOVAL Norfolk VA Date 8/8/36

19. UNDERTAKER Scott Funeral Home

(Address) 1499 E. Baltimore St.

20. FILED ..... 19.. By ..... Registrar.

AUG 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24 . 1936 to July 7 . 1936

I last saw him alive on July 7 . 1936 Death is said to have occurred on the date stated above, at 6.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anaemia	July 1, 1936
Benign Prostatic Hypertrophy	1932
Peptic Ulcer	1930

Other contributory causes of importance:

Name of operation Cystoscopic & Renal Recatheterization Date of 7-1-36 7-7-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J. Kelly M. D.

(Address) The Church Home & Inf. City

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25466

25466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 7-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Richard Walker

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3422 Belvedere Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Walker

6. DATE OF BIRTH (month, day, year) July 4th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	66	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME MacKeown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME MacKeown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robt. B. Nicklas

(Address) 4967 Elgin Ave Pimlico

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 9th 1936

19. UNDERTAKER Wm Cook

(Address) 127 W. Pratt St

20. FILED Huntington Williams

JUL 8 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to July 6 1936

I last saw him alive on July 6 1936 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7-5-36
Arteriosclerotic heart disease	1934

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis G. Coleman M. D.

(Address) St Joseph's Hosp

INFORMATION should be carefully supplied. ANS should be STATE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

F 25467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25467

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Calverton Heights Ave (Wards)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Jennings

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2516 Calverton Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Robert B. Jennings

6. DATE OF BIRTH (month, day, year) Sept 2nd 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation. 70

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Frances T. Rose

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Z.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Earl H. Jennings

(Address) 2516 Calverton Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 8 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24 1936 to July 7 1936

I last saw h~~er~~ alive on July 7 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Tuberculosis	5 yrs.
Chronic arteriosclerosis	5 yrs.
Secondary Anaemia	4 yrs.
Other contributory causes of importance:	
Myocardial Insufficiency	3 Days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Downs, M. D.

(Address) 806 N Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coroner

F 25468 F 25468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Belle Campbell.

If U. S. Veteran specify WAR

(a) Residence: No. 123 N. Kenwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Feb 18, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5 (4)	18 (19)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) N. Y. State

FATHER

13. NAME James Campbell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Eichelberger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jean Gadsert

(Address) 101 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar

JUL 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6/36 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2/29/36 , 19 , to 7/6/36 , 19

I last saw h[illegible] alive on 7/6/36 , 19 . Death is said to have occurred on the date stated above, at 8 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V disease	1934

Other contributory causes of importance: 93d

Chronic Myocarditis
Auricular Fibrillation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Maryland General Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

C

M. D. F 25469

Margaretha D Bittel

F 25469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N Patterson Park Ave 3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margarethen Dorothea Bittel

(a) Residence: No. 912 N Patterson Park St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Wm F Bittel

6. DATE OF BIRTH (month, day, year) 3-29-1904

7. AGE ✓ Years 32 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Hubbel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Bittel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Bittel

(Address) 912 N Patterson Park

18. BURIAL, CREMATION, OR REMOVAL Westview Cem 7/9/36

19. UNDERTAKER Geo H L Dembach

(Address) 525 N Eutaw St

20. FILED 19 JUL 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 7 - 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 8 36, 19 to JUL 7 - 1936, 19

I last saw h alive on JUL 7 - 1936, 19 Death is said to have occurred on the date stated above, at 9 38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1/35
Other contributory causes of importance: Cardiac Arrhythmia & Anasarca	1/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Hook M. D.

(Address) 4137 Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25470

F 25470

U-9496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Tuberculosis Division

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Russ

If U. S. Veteran specify WAR

(a) Residence: No. 536 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roberta Russ

6. DATE OF BIRTH (month, day, year) March 12, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G. & E. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME John Russ

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Julia Morris

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date July 9 1936

19. UNDERTAKER Harry E. Ohlen
(Address) 1944 W. Baltimore

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 23rd, 1930 to July 6th, 1936

I last saw him alive on July 6th, 1936 Death is said to have occurred on the date stated above, at 2.34 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1930
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo H. Feldman M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 8 - 1936

Spec.—2-29-28—L. F. S.—500 Bks.

F 25471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25471

CERTIFICATE OF DEATH

✓ 82-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1637 N. Caroline St ST., 8-b WARD)

2—FULL NAME Maggie May Boehm

(a) RESIDENCE NO. 1637 N. Caroline St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Boehm

6 DATE OF BIRTH (month, day, and year) April 16, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	63	2	20 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer ---

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER A. Hilldebrandt

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Mr George A. A. Boehm

(Address) 1637 N. Caroline St

15 Filed JUL 8 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6/36

17 I HEREBY CERTIFY, That I attended deceased from 6/24/36, 19..., to 7/6/36, 19..., that I last saw her alive on 7/5/36, 19..., and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral hemorrhage -

(6-24-36)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George A. Barden M. D.

7/7, 19 36 (Address) 1517 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 8, 1936.

20 UNDERTAKER Milton Schilling ADDRESS 1122 E. Monument St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 25472 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25472

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 72-B

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Druid Hill and Dukeland St., 15 Ward

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Berger

(a) Residence: No. 1735 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Sept. 23, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Harry Berger

14. BIRTHPLACE (city or town) Russia (State or country)

MOTHER

15. MAIDEN NAME Mary Bender

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 7-8-36 19

19. UNDERTAKER Jos. Levy Inc
(Address) 1439 E. Balt. St.

20. FILED JUL 8 - 1936 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936 to July 8, 1936

I last saw her alive on July 8, 1936 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	June 1934

Other contributory causes of importance:

Cardiac failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Schochet M. D.

(Address) West Balto. General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25473 F 25473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 814 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 28 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	3	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Eugene Byrd

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hattie Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 8 1936

19. UNDERTAKER Mrs R A Elliott & Daughter

(Address) 1129 Carlton St

FILED JUL 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23 1936 to July 6 1936

I last saw him alive on July 6 1936. Death is said to have occurred on the date stated above, at 5 40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	5-22-36
Influenza meningitis	5-23-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25474 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25474

CERTIFICATE OF DEATH

53a

1. PLACE OF DEATH — U-13887 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Stephens

(a) Residence: No. 1410 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dont Know

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 8 19 36

19. UNDERTAKER John Ellis & Co
(Address) 2008 Orleans

20. FILED JUL 8 - 1936 19 Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30 1936 to July 6 1936

I last saw her alive on July 6 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	March 1936
Hypertension	March 1936

Other contributory causes of importance: over

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical & pathological. Was there an autopsy? No Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 25475

F 25475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 W. Pratt St. St., 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie E. Albrecht

If U. S. Veteran specify WAR

(a) Residence: No. 1943 W. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Albrecht

6. DATE OF BIRTH (month, day, year) August 8, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.2.1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12 BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry C. Zeiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Seats

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Chester Albrecht

(Address) 1323 Fidelity Building

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 8, 1936

19. UNDERTAKER Wm. J. Tyson & Son

(Address) North & Penna. Ave

20. FILED JUL 8 - 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1936 to July 5, 1936

I last saw h alive on July 1, 1936 Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	7/5/36
Chr Myocarditis	
Contracted Hypertrophy	
Other contributory causes of importance: Chronic Cystitis	1932

Was an operation performed? Yes Date of 1932

For what disease or injury? Chronic Cystitis

Name of operation Hysterectomy Date of 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James P. Rosenberger M. D.

(Address) 721 Madison Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25476

F 25476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1250 Sharp St St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Long

If U. S. Veteran specify WAR .....

(a) Residence: No. 1250 Sharp St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Long

6. DATE OF BIRTH (month, day, year) Dec. 29, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Herself.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John L. Snyder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John L. Stump

(Address) 1250 Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 9, 1936

19. UNDERTAKER Roland L. Perkins

(Address) 611 N. Monroe St

20. FILED JUL 8 - 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from December, 1935 to July 7, 1936

I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above, at 2:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	December 1935
Other contributory causes of importance:	
Pulmonary Congestion	June 1936
Ascites	June 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Hull M. D.

(Address) 1228 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25477

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Reisterstown Rd. Ward) 46-12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Goldie Goldstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 3801 Reisterstown Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Abraham

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Barnesky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sylvia ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Ben Smelkinson

(Address) 3801 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Interment Rosedale Date July 8 1936

19. UNDERTAKER H. Sherman & Bros

(Address) 1127 E Balto st

20. FILED JUL 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4 1936 to July 6 1936

I last saw her alive on July 6 1936. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease with dropsy = Myocarditis Chronic nephritis with oedema.	?

Other contributory causes of importance:

Cholecystitis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 —

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Benjamin Pushkin M. D.

(Address) Medical Arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 25478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25478

122-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Pennsylvania St. 72-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa Johnson

(a) Residence: No. 12 W. York St. (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rosa Platter Unknown

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rosa Platter

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Johnson

(Address) 12 W. York St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Calvary Date 7/9 1936

19. UNDERTAKER Walter B. Scipio

(Address) 139 W. North Ave

Huntington Williams

Registrar.

JUL 8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1936 to 7-6 1936

I last saw her alive on 7-6 1936. Death is said to have occurred on the date stated above, at 7 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Strangulated Ventral Hernia	6-29
Hernia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-29

For what disease or injury? Strangulated Hernia

Name of operation Hernia plasty Date of 6-29

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B Harris M. D.

(Address) Provident Hosp

F 25479

F 25479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 2802 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie J. Cadell

If U. S. Veteran specify WAR

(a) Residence: No. 5315 Gwynn Oak Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 3 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81.	3 +	7 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Assist - housework Home keeping

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Benj. F. Cadell

14. BIRTHPLACE (city or town) Anne Arundel Co (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Snell

16. BIRTHPLACE (city or town) Anne Arundel Co (State or country) Maryland

17. INFORMANT (Mrs.) Mary Catherine Cadell

(Address) 5315 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date July. 9. 1936

19. UNDERTAKER Josiah Elger

(Address) 1210 N. North Ave

FILED JUL 8 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	
due to	

Other contributory causes of importance: Senility - Chronic nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 2 1936

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Slipped on lining room floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1910 S. Edmondson Ave. Coroner

5. E—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25480 F 25480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Harford Rd St., 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Ehrhardt If U. S. Veteran specify WAR

(a) Residence: No. 5713 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice A. Ehrhardt

6. DATE OF BIRTH (month, day, year) Aug. 20, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Geo. Ehrhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christiana Lamberger

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Alice A. Ehrhardt
(Address) 5713 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Memorial July 9th 1936

19. UNDERTAKER Frederick Lipscomb & Son
(Address) 1401 Cedar Road

20. FILED JUL 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935 to July 6, 1936

I last saw him alive on July 2, 1936 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas (Obstructive Jaundice)	Oct 9/35
Other contributory causes of importance Carcinoma Pancreas	Oct 9/35

Was an operation performed? no Date of

For what disease or injury?

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green M. D.
(Address) 5543 Harford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25481

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Rutter St. 14-1 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1508 Rutter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Martin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	82+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Eliza Martin

(Address) 1508 S Rutter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/9/36 19

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED JUL 8 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 8 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	

Other contributory causes of importance: Rheumatism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Hanu ..... M. D. Coroner

(Address) 1213 Linden Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25482

F 25482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti. City Hospital 14-3 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Hampton Jewell

If U. S. Veteran specify WAR .....

(a) Residence: No. 813 Madison Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
Probably 50-60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grinder Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Unknown "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT " "

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. Naval School Date July 8, 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED JUL 8 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest final that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis from	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) H. W. Wright, M. D.

Coroner

(Address) 1010 S. Belnont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

25483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25483

CERTIFICATE OF DEATH

75

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Madison ave St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Mrs Bessie Fennell

If U. S. Veteran specify WAR

(a) Residence: No. 1013 Madison ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison Fennell

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) //

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) //

17. INFORMANT None

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. J. Med. School Date July 8 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar.

JUL 8 1936

2429

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above from, 1, 2, 3,

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hagen Coroner M. D.

(Address) 1 S Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vso

F 25484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25484

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Volunteer Hospital

Registered No.

CITY OF BALTIMORE: (No. 418 N. Lexington St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ALBERT MILLER

If U. S. Veteran specify WAR

(a) Residence: No. In as much Gospel Mission Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	MARRIED

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) of STANISLAVI MILLER

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) KURSENU PAGTA Lithuania.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Albert Miller.
(Address) In as much Mission

18. BURIAL, CREMATION, OR REMOVAL
Place W. Mem. Park Date July 8, 1936

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/6/36, 19..., to July 2, 1936

I last saw h[illegible] alive on July 2, 1936. Death is said to have occurred on the date stated above, at 1:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown
Other contributory causes of importance:	

Was an operation performed? yes Date of 5/14/36

For what disease or injury? Hernia RECURRENT complete

Name of operation Herniotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. J. Connell, M. D.
(Address) Volunteer Hospital

Otto C. Helm, M.D.

Dr. Wm. E. Rabbitt

Dr. Wm. E. Rabbitt

TB's MOROCCO. 2451

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 1936

M. D. B 1268-9

F 25485

F 25485 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 1-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Graff Hughes

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 S. Kenwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 10 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Joseph Heinmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Agnes Cole
(Address) 609 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem Date July 10. 1936

19. UNDERTAKER Leonard J. Ruth
(Address) 5305 Harford Rd

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Right Femur	
Fracture of Left Clavicle	

Other contributory causes of importance:
Hypostatic Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 27 1936

Where did injury occur? 609 S. Kenwood Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down Steps

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenker Coroner M. D.

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

936

AaCo. 5-31 250B

F 25486

F 25486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N Carrollton Ave, 18 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Turner

(a) Residence: No. 106 N Carrollton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm Turner

6. DATE OF BIRTH (month, day, year) Jan. 15, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	51	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 37

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Berryville Clarke Co Va

FATHER

13. NAME Solomon Carter

14. BIRTHPLACE (city or town) (State or country) Berryville Clarke Co Va

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Wm Turner
(Address) 106 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 7th 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 332 N Schroeder St

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936 to July 5, 1936
I last saw her alive on July 3 36 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Harris M. D.

(Address) 604 N Carrollton Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

261-8 1936

M. D. B. 1268-9

F 25487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 Orchard St. 11-A Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Lancaster

(a) Residence: No. 437 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lancaster

6. DATE OF BIRTH (month, day, year) Sept 31/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va

FATHER

13. NAME Ransom Evans

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Lancaster
(Address) 437 Orchard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 9 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder Sts.

20. Filed ..... 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 — 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 — 1936 to July 6 1936

I last saw h[illegible] alive on July 5 — 1936 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
with Ot. hemiplegia	6 days

Other contributory causes of importance:

None known

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Chas J Keller M. D.

(Address) 222 W Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 8 1936

M. D. B 1268-9

25488

F 25488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Amelia Serio

If U. S. Veteran specify WAR

(a) Residence: No. 2818 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Serio

6. DATE OF BIRTH (month, day, year) June 1, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joseph Obst

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mr. Anthony Serio
(Address) Glenburnie, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date July 9 1936

19. UNDERTAKER Forest H. Cook
(Address) 1003 W. Baltimore St.

20. FILED JUL 8 - 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7/6/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? C. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Edmund B. Wallace, M. D. Coroner

(Address) 1031 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

F 25489 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25489

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Emersonian Apts.

CITY OF BALTIMORE: (No. Eutaw Place & Lake Drive 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Julia Laupheimer

(a) Residence: No. Emersonian Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Laupheimer

6. DATE OF BIRTH (month, day, year) Sept. 25, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Isadore Saffra

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Millard Laupheimer
(Address) Emersonian Apts.

18. BURIAL, CREMATION, OR REMOVAL
Pla Heb. Friendship Cem. July 9, 19 36

19. UNDERTAKER David Sandheimer & Son
(Address) 1902 Eutaw Place

20. FILED JUL 8 1936, 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1927 to July 7, 1936

I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 days

Other contributory causes of importance:

Arteriosclerosis	9 yrs
Hypertension	9 yrs
Diabetes Mellitus	9 yrs

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Hooper M. D.

(Address) 200 W. Lafayette Ave

F 25490

25490 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Angelina Uzzuchi

(a) Residence: No. 816 E. Eager St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 10-8-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	79	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pete Anguluchi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Doris ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 7/11/36 19

19. UNDERTAKER George J. Puth Inc
(Address) 1724 Aisquith St

FILED JUL 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936 July 7 1936

I last saw her alive on July 7 1936 Death is said to have occurred on the date stated above, at 8:56 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of lumbar vertebrae	7 mos. ago.
Bronchopneumonia	3 days ago
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical and pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. de Sanctis. M. D.

(Address) Baltimore City Hospitals.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25491 ✓ F 25491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-62

1. PLACE OF DEATH — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1430-E. Federal Street St., 9-9 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Virginia Wendler — If U. S. Veteran specify WAR ____

(a) Residence: No. 1430-E. Federal Street St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry B. Wendler

6. DATE OF BIRTH (month, day, year) 10/2/1862

7. AGE	Years	Months	Days	If LESS than 1 day ~~XXX 2~~ or ____ min.
	73	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~ ood

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Canby

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ann - ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) Harry B. Wendler 1430-E. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 7-14 1936

19. UNDERTAKER George [illegible], Inc.

(Address) 1735-Harford Ave.

(Date) [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to July 7, 1936

I last saw h~~er~~ alive on July 6 1936. Death is said to have occurred on the date stated above, at 3 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6/29/36
Other contributory causes of importance:	
arteriosclerosis & hypertension	3/4/35

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Sanderson M. D.

(Address) 1134 N. Carolina St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

JUL 8 1936

F 15343
F 25492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25492

34-117B

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosella Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1210 Orleans St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-9-04

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ernie Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date July 8, 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUL 8 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936 to July 2, 1936

I last saw her alive on July 2, 1936 Death is said to have occurred on the date stated above, at 7.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of Liver	? 1935
Hydropsal Pulses	?
Cholelithiasis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wade B. Allen, M. D.

(Address) Johns Hopkins Hospital

F 25493

F 25493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. 2 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John James — If U. S. Veteran specify WAR ____

(a) Residence: No. East Berkeley, W. Va. Ward. H L & W
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1928

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Harold James

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Hattie Purcell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Hinton W. Va. Date July 9, 1936

19. UNDERTAKER Archibald L. Caulfield (Address) Lisle Funeral Home Huntington West Virginia

FILED JUL 8 1936, 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936 to July 6, 1936

I last saw him alive on July 6, 1936 Death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease with obstruction to respiration by enlarged cervical and mediastinal glands	1931
Other contributory causes of importance:	
Obstruction to Respiration	July 25, 1935

Was an operation performed? Yes Date of April 15, 1936

For what disease or injury? Biopsy

Name of operation " Date of April 15, 36

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Johns Hopkins Hospital M. D.

(Address) Johns Hopkins Hospital

F 25494
3154 69

✓ F 25494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-54

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rulli Hamilton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 N. Stricker St., Ward. Color 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 19 - 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1070

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Fred Hamilton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.

Place Barnesville Md. Date July 9, 1936

19. UNDERTAKER W B Elliott

(Address) Brunswick Md.

20. FILED JUL 8 - 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29th 1936 to July 6, 1936

I last saw her alive on July 4th 1936. Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Syphilitic meningitis	1926
? Ulcer of cerebellum	1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Warfield B. Allen, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25495

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Lindstedt

If U. S. Veteran specify WAR .....

(a) Residence: No. 93 Society St. St., ... Ward. Charleston S.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Ashley

6. DATE OF BIRTH (month, day, year) 11/10/85

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 51	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sporting goods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman 66

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME John Lindstedt

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mary Peterman

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Charleston, S.C. Date July 8 1936

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place Huntington Baltimore

20. FILED JUL 8 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to July 8, 1936

I last saw him alive on July 8, 1936 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic stenosis	
Arteriosclerotic heart disease	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) Thos Kidwone M. D.

(Address) J. H. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25496

F 25496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 1800 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Shock

(a) Residence: No. 1202 N. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	21/17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Phillip E. Shock

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Bordley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. RECORDS
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 7/9 1936

19. UNDERTAKER Williams & Cook
(Address) 217 St Paul St

20. FILED JUL 8 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5 1936 to July 6 1936

I last saw him alive on July 6 1936. Death is said to have occurred on the date stated above, at 2 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	unknown
Myocardial failure	unknown

Other contributory causes of importance:

Cerebral hemorrhage	2 yrs ago

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. de Sanctis M. D.

(Address) Baltimore City Hospitals.

N: B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25497

F 25497 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-17 Ward)

Registered No. 14793

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Henrietta Tulley

(a) Residence: No. 10 Lingamore Ave., Parkville St. Ward. Balto Co, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Blum

6. DATE OF BIRTH (month, day, year) 12-29-1916

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
19	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Tulley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Roache

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md. Date July 9 1936

19. UNDERTAKER William Cook

(Address) 217 St Paul Street

20. FILED ...19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20-36, 19..., to 7-6, 1936

I last saw her alive on 7-6, 1936 Death is said to have occurred on the date stated above, at 9:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation Ileum (cause unknown)	6-15-36
Intestinal Obstruction	7-4-36
Pelvic Peritonitis	6-25-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-6-36

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

JUL 8 - 1936

F 25498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25498

x 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 70-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. J. Alphonsus Frederick

If U. S. Veteran specify WAR

(a) Residence: No. St. Charles College St. Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/9/1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	87	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman 0018

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Charles College

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John M. Frederick

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Ann Margaret Fell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rev. F. Meyer

(Address) St. Charles College

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Cathedral Date July 9, 1936

19. UNDERTAKER Henry H. Kuhlmann & Co.

(Address) McCulloh & Eager Sts.

20. [illegible] Huntington [illegible]

(Registrar)

JUL 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/27/35, 1935 to 7/6/36, 1936

I last saw him alive on 7/6/, 1936 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	
Congestive failure	

Other contributory causes of importance:

Senility

Chronic bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. B. Marsh M. D.

(Address) Bon Secours Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25499

93-C

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Homewood Ave St., 9-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Adams

(a) Residence: No. 2227 Homewood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilida Koch

6. DATE OF BIRTH (month, day, year) Oct. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	80	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME John Adams

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME McCarthy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Howard Blessing
(Address) 2227 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/9/36

19. UNDERTAKER Mary M. Fitzpatrick
(Address) 5[illegible] E. 22nd St.

20. FILED JUL 9 1936 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6/36

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936 to July 6, 1936
I last saw h[illegible] alive on July 6, 1936. Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	July 4, 1936
Coronary Occlusion	June 28
Arteriosclerosis	4 years
Myocarditis	4 years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Kuhn, M. D.

(Address) 592 E. 22nd St.

M. D. R. 1268-9

F 25500

25500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 738 S. Linwood Ave. St., H Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHRISTIAN MANNING

(a) Residence: No. 738 S. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Manning

6. DATE OF BIRTH (month, day, year) Aug. 12. 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Factory

10. Date deceased last worked at this occupation (month and year) July 936

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Manning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara Manning (Wife)
(Address) 738 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date July 10. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED JUL 9 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to July 7 1936

I last saw him alive on July 7 1936 Death is said to have occurred on the date stated above, at 4.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7-7-36
Other contributory causes of importance: Chronic Myocarditis	1-2-36

Name of operation ..... Date of .....

What test confirmed diagnosis? P. S. & S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John V. Lauerbach, M. D.

(Address) 1802 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25501 Richardson - 1125 E. F 25501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Kenwick St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E Liggette If U. S. Veteran specify WAR

(a) Residence: No. 2925 Reedbank Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Liggette

6. DATE OF BIRTH (month, day, year) Dec. 15 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles Arrington

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Rosemary Meade
(Address) 726 Decatur St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Washington July 11 1936

19. UNDERTAKER Chas Gaylord Son
(Address) 3615 Eastern Ave

20. FILED 19 Registrar.

JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 - 1936 to July 8 1936

I last saw her alive on July 8 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	July 36
Other contributory causes of importance:	
Uremia Poisoning & Influenzinum	acute

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1720 20th St. N.W.

2. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25502

F 25502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 W 33rd St. St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank W Weimeister

If U. S. Veteran specify WAR .....

(a) Residence: No. 607 W 33rd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth G. Weimeister

6. DATE OF BIRTH (month, day, year) April 1, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1913

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Conrad Weimeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth G. Weimeister

(Address) 607 W 33rd

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date July 11, 1936

19. UNDERTAKER Townsend & Son.

(Address) 3615-17 Huntington Ave

Huntington Williamson

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936 to July 9, 1936

That I last saw him alive on July 7, 1936 Death is said to have occurred on the date stated above, at 12 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Paralysis	July
Other contributory causes of importance:	
Chronic Nephritis	July

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1170 W. 34th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 9 1936

F 25503

E 25503 36

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 49a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty L Williams
If U. S. Veteran specify WAR .....

(a) Residence: No. 256 W Hoffman St., Ward. Halsted 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/15/69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Lacey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Gray

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem Gdns Date 7/9/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W Biddle St

20. FILED ..... 19 ..... Registrar.

JUL 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25 1936 to July 6 1936.
I last saw her alive on July 6 1936. Death is said to have occurred on the date stated above, at 11 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary with extension thruout abdomen	1934
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 28, 1936
For what disease or injury? Relief of obstruction
Name of operation Exploratory Laparotomy Date of 6-28-36
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Fred W Geis M. D.
(Address) Johns Hopkins Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25504

CERTIFICATE OF DEATH

95-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Bowser St., 17-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1137 Bowser St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of Henderson

6. DATE OF BIRTH (month, day, year) May 30, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Benjamin F. Jones

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Charity Ennis

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Arthur Briscoe

(Address) 2330 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 7/9/ 19 36

19. UNDERTAKER Frances A. Idemsley

(Address) 578 W. Biddle St

20. FILED 19 Registrar.

JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to July 6, 1936

I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pr. Frank Necrosis Uterus	July 36
Other contributory causes of importance: Terminally bed ridden	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 924 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-4 F 25505 F 25505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12-4 Ward) Registered No. 79-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Crofton if U. S. Veteran specify WAR .....

(a) Residence: No. 341 ~~431~~ E. 20 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	+ 5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. City (State or country) Md.

FATHER

13. NAME Thomas Crafton

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER

15. MAIDEN NAME Ruth Hepburn

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Ruth Crafton
(Address) 341 ~~431~~ E. 20. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/11/36 19

19. UNDERTAKER A. J. Mansfield
(Address) 2539 Fall Road

FILED JUL 9 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 8, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcia	
Meningitis	
(with disease diagnosis)	own

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. H. Cushman M. D.
Coroner

(Address) 2757 W. North

M. D. B. 1268-9

F 25506

F 25506 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital (St., 6th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George J. Guest

If U. S. Veteran specify WAR .....

(a) Residence: No. 2009 Boston Court St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah Guest

6. DATE OF BIRTH (month, day, year) Feb. 22, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Guest

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lizzie Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Guest

(Address) 30 N. Durham

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date July 8

19. UNDERTAKER Edward L. Bryan

(Address) 1647 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Mitral Stenosis	

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Ohlmeyer, M. D. Coroner

(Address) 1912 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 25507

F 25507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14367 ✓ 341

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti ore City Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME McKinley Chandler

(a) Residence: No. 1629 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ollie

6. DATE OF BIRTH (month, day, year): 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.C.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: 7/10, 1936

19. UNDERTAKER: Robert H. Sperling
(Address) 804 Pennsylvania Ave

20. FILED: 19 Registrar.

JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to July 6, 1936

I last saw him alive on July 6, 1936. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease with aortic insufficiency	Unknown
Myocardial failure	May 1936

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Santalla M. D.

(Address) Baltimore City Hospitals

VS 3

1 CF

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25508

F 25508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-1210-M

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William R. Davenport — If U. S. Veteran specify WAR .....

(a) Residence: No. 234 S. Bethel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Davenport

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William J. Davenport

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Cornelia Mitchell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Mrs Estelle Redd Gaskins 813 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL Date ... 1936

19. UNDERTAKER (Address) 1604 W. Baltimore St. Huntington Williams Reg.

FILED JUL 9 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. Rt tibia & fibula	
" Rt & Left femurs	
Shock	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 7/6/36, 19...

Where did occur Washington Blvd, Near Halethorpe
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto driven

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Gurley Cutts M. D.
Coroner

(Address) 907 N Charles St

Arteriosclerosis Hemorrhage Cerebral

F 25509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25509

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul F. Lawrence

If U. S. Veteran specify WAR

(a) Residence: No. 2746 W. Lafayette St., Ward. 0-10

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Marie M. Lawrence

6. DATE OF BIRTH (month, day, year) Aug. 11, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Koester's Bakery

10. Date deceased last worked at this occupation (month and year) 6/29/36

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Lawrence

14. BIRTHPLACE (city or town) (State or country) Mryland

MOTHER

15. MAIDEN NAME Marie Kibe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westview Cem. Date July 11, 1936

19. UNDERTAKER Chas. F. Frazer & Son

(Address) 1811 Eutaw Royal Ave

FILED 19 Registrar.

JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to July 8, 1936

I last saw him alive on July 8, 1936. Death is said to have occurred on the date stated above, at 12.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer	6/29/36

Other contributory causes of importance:

Pneumonia	

Was an operation performed? yes Date of 6/29/36

For what disease or injury? Ruptured gastric ulcer

Name of operation Laparotomy & repair Date of 6/29/36

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25510

F 25510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Overland Ave. St., 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CATHERINE L. McCLELLAN

If U. S. Veteran specify WAR

(a) Residence: No. 2913 Overland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry J. McClellan

6. DATE OF BIRTH (month, day, year) April 20th, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George C. O'Malley

14. BIRTHPLACE (city or town) (State or country) Dublin

MOTHER

15. MAIDEN NAME Mary Anna Riordan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Agnes O'Malley

(Address) 2913 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 10th, 36

19. UNDERTAKER Chas. F. Ernst & Son

(Address) 113 W. Mt. Royal Ave

20. FILED 19 Re

JUL 9 - 1936

Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th, 36

22. I HEREBY CERTIFY, That I attended deceased from June 24 32 to July 7 1936

I last saw h[er] alive on July 6 1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	5 yrs
Other contributory causes of importance: Acute Dilatation	12 hrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. C. Parker M. D.

(Address) 1114 Hampton

V 8 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25511

315569

F 25511

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Glasser If U. S. Veteran specify WAR

(a) Residence: No. 2911 Springhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-17-10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Abraham Glasser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie Goldsmith

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date July 9, 1936

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

FILED JUL 9 - 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 9, 1936

I last saw her alive on July 9, 1936 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Rheumatic heart disease	1920
b Cardiac failure	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abt Rabinowitz M. D.
(Address) J. H. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16

F 25512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25512

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E Monument St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Marten

(a) Residence: No. 1617 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Marten

6. DATE OF BIRTH (month, day, year) Oct 10, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Bosley

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Adeline O'Thurman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Merton Husband. (Address) 1617 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date July 9, 1936

19. UNDERTAKER Robert J Williams (Address) 15-15 N Eutaw St

FILED 19 Registrar.

JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to July 5, 1936

I last saw her alive on July 5, 1936 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	Jan 1935
Other contributory causes of importance: General Pelvic Carcinomatosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical + Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young, M. D.

(Address) 1424 E Monument St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25513

F 25513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Louise Coster

(a) Residence: No. 323 N. Elwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced (or) WIFE of Denwood J. Coster

6. DATE OF BIRTH (month, day, year): August 17, 1887

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	48	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Tudor

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMANT Denwood J. Coster

(Address) 323 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 10 1936

19. UNDERTAKER J. Alton Boykin

(Address) 700 E. North ave

20. FILED JUL 9 - 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 7/6/36, 19 ... to 7/8/36, 19 ...

I last saw her alive on 7/8/36, 19 ... Death is said to have occurred on the date stated above, at 5 15/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Coma)	7/6/36

Other contributory causes of importance:

Chronic Nephritis (uremia)	7/6/36
Bronchopneumonia	7/7/36

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Josiah A. Hunt. M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25514 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 25514

CERTIFICATE OF DEATH

163 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 W. Lanvale st. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mansfield King Jr.

(a) Residence: No. 1631 W. Lanvale st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Etta King

6. DATE OF BIRTH (month, day, year) Aug. 8 -1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	7 10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Sugar Refin.

10. Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Petersburge, Va.

FATHER

13. NAME Mansfield King Sr.

14. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. ,Va.

MOTHER

15. MAIDEN NAME Milinda Hayes,

16. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. ,Va.

17. INFORMANT Florence King (Sister)
(Address) 1431 Edmonson ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lin Date July 10, 1936

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N Schroeder St

20. FILED JUL 9 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2nd. 1936 to July 5th. 1936

I last saw him alive on July 5th. 1936 Death is said to have occurred on the date stated above, at 9.p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bilat	July 2nd 1936
Other contributory causes of importance: Acct. Dil. of Heart	July 5th 36

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 25515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25515

CERTIFICATE OF DEATH

F 161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. (St.) 25-A Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. — mos. 1½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Foster

(a) Residence: No. 625 Ridgedale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 7 1936

7. AGE: Years | Months | Days: 1-1hr. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Frank Foster

14. BIRTHPLACE (city or town) (State or country): Austria Hungary

MOTHER

15. MAIDEN NAME: Ida M. Hedrick

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Mrs. Ida R. Foster West Balto. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bab. Mem. Date: July 9, 1936

19. UNDERTAKER (Address): Lyles & Sullivan 503 S. Sharp St.

20. FILED: JUL 9 1936

21. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to July 9, 1936

I last saw h[illegible] alive on July 9, 1936 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Congenital Atelectasis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Pearson M. D.

(Address) West Balto. Gen. Hosp.

JUL 9 1936

F 25516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25516

CERTIFICATE OF DEATH

x 49-a

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St. 251 Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ~~yrs.~~ mos. 7 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Mary A. Childs
If U. S. Veteran specify WAR ____

(a) Residence: No. 60 Link Ave St., ____ Ward.
(Usual place of abode) Halethorpe, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William W. Childs

6. DATE OF BIRTH (month, day, year) Sept. 28, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Leeman
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mansfield
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. W. Childs
(Address) 60 Link Ave. Halethorpe

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon, Pk. Date 7/10/36, 19

19. UNDERTAKER Henry A. Luitze
(Address) 4101 E. Monument ave

JUL 9 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-30-, 1936 to 7-7, 1936

I last saw her alive on July 7, 1936. Death is said to have occurred on the date stated above, at 5.32 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Malignant Tumors of Ovaries	?
Myocardial Degeneration	1935
Myocardial Failure	7/4/36

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) L. G. Llewelyn M. D.

(Address) St. Agnes Hospital

F 25517 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25517

CERTIFICATE OF DEATH

U-14923 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bowyer

(a) Residence: No. 840 Tyson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-29-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mark

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Banks

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B.C.H. records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date July 9 1936

19. UNDERTAKER

(Address)

20. FILED JUL 9 - 1936 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1936 to 7-3 1936

I last saw him alive on 7-3 1936 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6-29-36
Absence of Abdominal Wall	6-29-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Dorsey M. D.

(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2438

F 25518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25518

CERTIFICATE OF DEATH

4048 34-J-107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lee Robinson

(a) Residence: No. 222 S. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-10-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0440

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Albert Robinson

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Lisa ?

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Meet. Date July 9, 1936

19. UNDERTAKER
(Address)

20. [illegible] Registrar.

19 - 1936

AW 2437

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1936, to July 6, 1936

I last saw him alive on July 6, 1936. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	Oct. 1935
Cystitis	1 wk ago.
Bronchopneumonia	3 days ago.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. C. de Sanctis M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25519

Co. Print. & Stat. Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25519

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Mercy Hosp. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goerge B. Heselbach

(a) RESIDENCE NO. 308 S.Chester St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie K.Heselbach

6 DATE OF BIRTH (month, day, and year) Sept.13-1893

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	42	9	20 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pressman

(b) General nature of industry, business, or establishment in which employed (or employer) News & Post

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Heselbach

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Vogelsang

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Mamie K.Heselbach

(Address) 308 S.Chester St.

19 1936 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7 192 36

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ...(Inquest, autopsy or inquiry.)... thereon and from the evidence obtained by said ...(Inquest, autopsy or inquiry.)... find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(duration) ...yrs. ...mos. ...ds.

(Signed) Chas B. Wallace M. D.
(Coroner)

, 19 (Address) 1031 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ½ ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz,s Cem. Date of Burial July 10-36

20 UNDERTAKER Mrs. C. Miller & Son ADDRESS 233 Jefferson St

If not buried, cremated or removed, what disposition made?

Filed July 10 1936

Registrar

(tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

F 25520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25520

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH: University Hosp. 4-61

CITY OF BALTIMORE: (No. ..... St., 4-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME: James Gordon

(a) Residence: No. 126 S. Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Bob Goodson

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Kazar Brevard

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. W. Mud. School Date July 9 1936

19. UNDERTAKER

(Address)

[illegible] Williams

OPW 2439

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20 1936 to 6/30 1936

I last saw him alive on 6/29 1936 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	6/20/36
Peritonitis	6/20/36
Pulmonary Tuberculosis	Chronic
Other contributory causes of importance: Hypertension, Gallstones	1934

Was an operation performed? Yes Date of 6/23/36

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date of 6/23

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hosp.

JUL 9 - 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25521

✓ F 25521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St., 19-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Sandell

(a) Residence: No. 1400 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME A Bland Sandell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Josephine Deoen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Forestal
(Address) 1406 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date July 10 1936

19. UNDERTAKER F Hesmon Keehner
(Address) 230 Fulton Ave

20. FILED JUL 9 - 1936 Huntington Williams RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1935 to July 8, 1936.

I last saw him alive on July 7, 1936. Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the tongue	6 mo.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos B Dorsett M. D.

(Address) 1115 St. Paul St., City.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.F.S.—400 Bks.

F 25522 ✓ F 25522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 Midvale Road St., 27-13 Ward)

2-FULL NAME. Edward W. Reid

(a) Residence No. 5 Midvale Rd. St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed or Divorced. (Write the word) ~~Married~~ Retired

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie H. White

6-DATE OF BIRTH (month, day and year) Sept 1, 1853

7-AGE. 80 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired 00 8 6

(b) General nature of industry, business, or establishment in which employed (or employer). Manufacturer

(c) Name of employer.....

9-BIRTHPLACE (city or town). Norfolk Va.
(State or Country).

PARENTS.

10-NAME OF FATHER. John T. Reid

11-BIRTHPLACE OF FATHER (city or town). Norfolk Va.
(State or Country).

12-MAIDEN NAME OF MOTHER. Ann Ford

13-BIRTHPLACE OF MOTHER (city or town). Norfolk Va.
(State or Country).

14- (Informant). Mrs. Henry B. Wroton

(Address) 5 Midvale Road

15- Filed ..... 193. ..... Registrar.

JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 9. 1936

17. I HEREBY CERTIFY, That I attended deceased from January 1935 to July 9 1936

that I last saw him alive on July 8 1936

and that death occurred, on the date stated above, at 2.20 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

.....(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

.....(Duration) ..... yrs. 3 mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Roger M. Little M. D.

July 9. 1936 (Address) 124 35 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cem DATE OF BURIAL, July 11, 1936

UNDERTAKER Edward C. Mitchell & Son ADDRESS 1900 Eutaw St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 25523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25523

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 North Monroe St., 16-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. H. Denkein

If U. S. Veteran specify WAR 1812 Record

(a) Residence: No. 1118 North Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H Denkein

6. DATE OF BIRTH (month, day, year) Jan - 9 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, year) Oct 1935

11. Total time (years) spent in this occupation 40 4/5

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pennsylvania

FATHER

13. NAME James R Flake

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Margaret Fiss

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Margaret M. Reed
(Address) 1118 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Pk Date July 10 1936

19. UNDERTAKER William Cook
(Address) 1217 N. Paul Street

(Signature of Registrar)

L 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7- 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1936 to July 7 1936

I last saw he alive on July 6 1936 Death is said to have occurred on the date stated above, at 2 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cerebral Sclerosis Hypertension

Was an operation performed? No. Date of -

For what disease or injury? -

Name of operation none Date of -

What test confirmed diagnosis? Almost Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signature) Geo E. Shannon M. D.

(Address) 2002 N. Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25524

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 1300 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Infant Queen

(a) Residence: No. 1536 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-8-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Infant Queen

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Eleanor Queen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Eleanor Queen
(Address) 1536 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Pt. Lloyd School Date July 9, 1936

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-8-36, 19..., to 7-8-36, 19...

I last saw him alive on 7-8-36, 19... Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Dentition Convulsions	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? — Date of —

Name of operation — Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) J. B. Butler M. D.

(Address) 2035 Linden Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 9-1936

2440

F 25525

F 25525 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

171

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. Ho-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Wells — If U. S. Veteran specify WAR —

(a) Residence: No. 3423 E. Baltimore St., Ward. 0-9
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: divorced

6. DATE OF BIRTH (month, day, year): 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming

10. Date deceased last worked at this occupation (month and year): unknown

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Francis A. Wells

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Ella Schakelford

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: July 1936

19. UNDERTAKER: John C. Mibley
(Address): 2433-35 E. Baltimore St

Filed JUL 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936 to July 7, 1936

I last saw him alive on July 7, 1936 Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	Indefinite
	over
Other contributory causes of importance:	

Was an operation performed? yes Date of July 6, 1936

For what disease or injury? Generalized peritonitis

Name of operation: Laparotomy Date of 7/6/36

What test confirmed diagnosis? Question Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25526 F 25526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Alameda Blvd Ward) 4-b

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Albert L. League

(a) Residence: No. 3019 Alameda Blvd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~and WIFE of~~ Marie K. League

6. DATE OF BIRTH (month, day, year) Aug 1st 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Police Dept

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt H. League

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary P. Clark

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Marie K. League

(Address) 3019 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Crematorium Date July 10th 1936

19. UNDERTAKER Wm Aoch

(Address) 1217 St Paul St

26. FILED JUL 10 1936 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22nd 1936 to July 7th 1936

I last saw him alive on July 7th 1936 Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/22/36

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. J. Jenkins M. D.

(Address) 119 N. Milton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 25527.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25527.

93-C

CERTIFICATE OF DEATH

REGISTERED NO. 20-7

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 W Franklin St., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August H. Siegmund

(a) RESIDENCE NO. 4006 W Franklin St., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Siegmund

6 DATE OF BIRTH (month, day, and year) Oct 9, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Old

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Roland Siegmund

(Address) 4006 W Franklin St

15 Filed JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1936

17 I HEREBY CERTIFY, That I attended deceased from 1935, 19..., to July 9, 1936

that I last saw h... alive on July 8, 1936

and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhoids - Senility Anemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O Walter Stumm M. D.

19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 7/11/36

20 UNDERTAKER Geo H. Lembach ADDRESS Lyndhurst

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 25528

25528 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 11724 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Leader

(a) Residence: No. 1212 S. Highland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche

6. DATE OF BIRTH (month, day, year): 1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 10, 1936

19. UNDERTAKER: Geo. W. Zickler Res. Embr.
(Address) 1737 E. Eager St.

20. FILED: Washington [illegible]

JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15- 1936 to July 7 1936.

I last saw him alive on July 7 1936. Death is said to have occurred on the date stated above, at 7.55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	Unknown
Cerebral Hemorrhage	7-7-36
Other contributory causes of importance:	
Cerebral Hemorrhage	March 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical and pathological. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals.

Instructions: Typewriter preferred. Ink may be used. Pencil not acceptable. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25529

F 25529 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St. 76-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Kacher

If U. S. Veteran specify WAR No

(a) Residence: No. 3705 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna K. Kacher

6. DATE OF BIRTH (month, day, year) Aug. 21, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Christian Kacher

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Christena Nagel

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Anna K. Kacher
(Address) 3705 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place PARKWOOD Cem. Date July 12, 1936

19. UNDERTAKER Geo. W. Zurbler Res. Ecml.
(Address) 1737 E. Baker St.

(FILED) JUL 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenley Coroner, M. D.

(Address) 1919 E. Fifth Ave

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25530

CERTIFICATE OF DEATH

46-B

1-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 S. Robinson St., Balto., Md. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Estelle Ludwig

(a) Residence: No. 127 S. Robinson St., Balto., Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William George Ludwig

6. DATE OF BIRTH (month, day, year) April 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In own home

10. Date deceased last worked at this occupation (month and year) June 20, 1936

11. Total time (years) spent in this occupation 40yr.

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Maryland

FATHER

13. NAME John Henshaw

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Maryland

MOTHER

15. MAIDEN NAME Margaret Ford

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Maryland

17. INFORMANT Mrs. Mamie Kraft

(Address) 127 S. Robinson St., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 12, 1936

19. UNDERTAKER Geo. W. Zickler Per. Encl.

(Address) 1737 E. Fayette St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to July 9, 1936

I last saw her alive on July 9, 1936 Death is said to have occurred on the date stated above, at 9:30A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Sept. 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Belair Rd., Balto., Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25531

M. F^B 23531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred 03 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d...

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse Woodfolk

(a) Residence: No. 423 Schwartz Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ortie Harris

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Oscer Woodfolk

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Tibbs

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Miss Carrie Woodfolk

(Address) 1526 J St/Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Mount Calvary Date July 10 1936

19. UNDERTAKER Adolphus Hartig Undertaker.

(Address) .....

20. FILED JUL 10 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) July 7, 1936 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The prinripal cause of death and related causes of importance were as foliows:

Cerebral Hemorrhage

Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Kosenau M. D. Coroner

(Address) 2757 in ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25532

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 52 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Sarah Eisman

(a) Residence: No. 501 N. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 10 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 7/10/36 19

19. UNDERTAKER Jul. Levy Inc
(Address) 1439 E. Fayette St

20. FILED ..... 19 ..... (Registrar)

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9-36. 19

22. I HEREBY CERTIFY, That I attended deceased from June 23 1936 to July 9, 1936

I last saw h[illegible] alive on July 9, 1936 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance: Metastases to gall bladder and head of pancreas	

Was an operation performed? Yes Date of July 6, 1936

For what disease or injury?

Name of operation Laparotomy Date of 7/6/36

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel H. Belgrad, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25533

F 25533 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3641 Reisterstown Rd 15-12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Spates

(a) Residence: No. 3641 Reisterstown Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Spates

6. DATE OF BIRTH (month, day, year) Apr. 26, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paymaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Vernon Woolen Mills

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Martin Spates.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Schlitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Christina Spates

(Address) 3641 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 10 1936

19. UNDERTAKER Wm. Pickett Sons

(Address) Roych & Paca Sts.

20. FILED JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to July 7th, 1936

I last saw h. alive on July 7th, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset .....

Other contributory causes of importance:

Arterio-Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel J. Kountz M. D.

(Address) 3735 Park Heights Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M 25534

F 25534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 131

CITY OF BALTIMORE: (No.) Dukeland (Lane) St. 15-12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Judman

(a) Residence: No. 2621 Violet Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara

6. DATE OF BIRTH (month, day, year): Oct 5 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Harry Judman

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Ann Rebecca

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Harry Judman
(Address) 2(a) Violet ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Reservation Date: July 13 1936

19. UNDERTAKER: Sol Levinson Bros
(Address) 1127 E Baltimore St

20. FILED: 19 [illegible]

JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/8/36, 19 to 7/10/36, 19

I last saw him alive on 7/9/36, 19 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/8/36
Other contributory causes of importance:	
~~Pneumonia, Heart failure~~	
~~Embolism Arteries~~	
sclerotic cardiovascular renal disease	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) West Balto General M. D.
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25535 ✓ F 25535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH 2716 Alameda Boulevard 9-7 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. George Neumeister If U. S. Veteran specify WAR

(a) Residence: No. 2716 Alameda Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Barbara M. Neumeister

6. DATE OF BIRTH (month, day, year) Dec. 16 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Neumeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ruppert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara M. Neumeister

(Address) 2716 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date July 11 1936

19. UNDERTAKER Henry Breck Sons, Inc.

(Address) 225 E. Franklin St. Huntington Building

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6th 1936 to July 8th 1936

I last saw him alive on July 8th 1936. Death is said to have occurred on the date stated above, at 8, p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. 1935

For what disease or injury? Same

Name of operation Excision injured nose Date of Dec 1936

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M. D. (Signed) Charles F. Mohler M. D.

(Address) 516 Cathedral St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 10 1936

F 25536

F 25536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 407 N. Payson St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward W. Pridham

(a) Residence: No. # 407 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret R. Pridham

6. DATE OF BIRTH (month, day, year) Aug 31, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME William Pridham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Marian Duncan

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Baldwin

(Address) # 407 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7 / 11 / 1936

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

[illegible] 19 Huntington Pridham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to July 9, 1936, last saw h[illegible] alive on July 9, 1936. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis,	1yr.

Other contributory causes of importance:

Chronic Hypertension.
Chronic Arteriosclerosis.

Name of operation none Date of —

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Throckmorton M. D.

(Address) 688 W. Lombard St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 10 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

25537

CERTIFICATE OF DEATH

25537

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mes. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred Baumann

(a) Residence: No. 2854 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Reitz Baumann

6. DATE OF BIRTH (month, day, year): April 25 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frederick Baumann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Hammerschmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Christian Docking

(Address) 2584 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: July 10 1936

19. UNDERTAKER: Frederick A. Cole

(Address) 1100 W Fayette St

Washington Boulevard

20. FILED JUL 10 1936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5 1936 to July 7 1936

I last saw him alive on July 7 1936 Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Peritonitis	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Sladen M. D.

(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

25538 HEALTH DEPARTMENT—CITY OF BALTIMORE 25538

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Downey

(a) Residence: No. 1129 Bayard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E. Downey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice Bridge

16. BIRTHPLACE (city or town) (State or country) Hoopers Island Md

17. INFORMANT Charles E. Downey

(Address) 1129 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 13 1936

19. UNDERTAKER Frederick A. Cole

(Address) 1100 W. Fayette St.

FILED JUL 10 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9/36 19

22. I HEREBY CERTIFY, That I attended deceased from 7/7/36, 19, to 7/9/36, 19

I last saw h alive on 7/9/36 19 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess throat	about 6/16/36
Acute nephritis	7/6/36
Other contributory causes of importance: Bronchopneumonia	7/8/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 25539

F 25539 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

47-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Balto., Md. St. 18-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Moses H. Stewart — War Service: World War.

(a) Residence: No. 1027 W. Fayette St. Balto Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Separated

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Faith M. Stewart

6. DATE OF BIRTH (month, day, year) December 17, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	12 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Grocer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME Lloyd Stewart
14. BIRTHPLACE (city or town) (State or country): Prince Geo. Co., Md.

MOTHER

15. MAIDEN NAME Elizabeth Kellum
16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT (Address): Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 7/11/ 1936

19. UNDERTAKER: Francis A. Hamsley
(Address) 578 W. Biddle St.

20. Filed ..... 19 ..... Registrar.

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936 to July 9, 1936
I last saw him alive on July 9, 1936. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, bronchogenic.	Jan/36
Pneumonia, lobular, left lung.	Mar/36
Pleurisy, chronic, fibrinous, left.	unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of April 14, 21, June 8, 15, 29/1936.
For what disease or injury? Carcinoma and pleurisy.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. M. Hadden. M. D.
(Address) U.S. Marine Hospital - Balto., Md.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25540 ✓ F 25540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 13-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Woodbrooke Ave St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stephania Strube

(a) Residence: No. 2831 Woodbrooke Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: femal | 4. Color or Race: white | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Francis Strube

6. DATE OF BIRTH (month, day, year): Dec. 26, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Herman Hatcher

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Hermina Mohs

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Curtis Trigger

(Address) 2831 Woodbrooke Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md. Date July 11, 1936

19. UNDERTAKER: Martin Tapley & Sons

(Address) 1827 N. North Ave.

20. FILED JUL 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936, to July 9, 1936

I last saw her alive on July 9, 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & mitral	15yr
Regurgitation	attack

Other contributory causes of importance: Pleurisy — Dec 25 1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emma Jones, M. D.

(Address) 2805 Rosslyn Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

F 25541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25541

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 127 Myrtle Ave ST. 17-2 WARD)

2—FULL NAME Mary M Brown

(a) RESIDENCE NO. 1317 Myrtle ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Grant A. Brown

6 DATE OF BIRTH (month, day, and year): Dec 10 1850

7 AGE: Years 85 | Months | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Nelson Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: Mary Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: [illegible]

(Address): [illegible]

15 Filed JUL 13 1936 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1936

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to July 9, 1936, that I last saw h[illegible] alive on July 9, 1936 and that death occurred, on the date stated above, at 12:40 P.M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal disease.

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

July 9, 1936 (Address) 861 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 11, 1936

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

important. See instructions on back of certificates.

Graves

F 25542

25542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH Provident Hospital 25 Ward 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Park Drive St.

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Graves

(a) Residence: No. 2643 Pace Mt. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41 4			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gretna, Va
(State or country)

FATHER

13. NAME Taylor Myers

14. BIRTHPLACE (city or town) Tomhank Va
(State or country)

MOTHER

15. MAIDEN NAME Angelina Wright

16. BIRTHPLACE (city or town) Tomhank, Va.
(State or country)

17. INFORMANT Alfred Jackson
(Address) 2643 Pace

18. BURIAL, CREMATION, OR REMOVAL
Place Gretna, Va Date July 11, 1936

19. UNDERTAKER Mrs Katie R. Williams & Schroeder
(Address) 332 W Lexington St Baltimore Md

FILED JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-5 1936 to 7-8 1936

I last saw h.er alive on 7-8 1936 Death is said to have occurred on the date stated above, at 9:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Diabetes Coma	
2 Diabetes Gangrene Lt Leg	
3 Diabetes mellitus	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Warren M. D.

(Address) Provident Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 25543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25543

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St., 23-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanora Elizabeth Harman

(a) Residence: No. 1628 Light St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin C. Harman

6. DATE OF BIRTH (month, day, year) April 17 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eleanora Langley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E. Hagen

(Address) 2753 Westminster St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date July 11 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..... 19 ..... Registrar

JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27 1936 to July 8 1936

I last saw h. alive on July 8 1936. Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerotic heart disease	
b. gangrene of the extremities	
c.	
d.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Webb M. D.

(Address) 1213 Light St

OCCUPATION is very important. See instructions on back of certificate.

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

V S 3

Spec.—9-30—A. & Co.—250 Bks

F 25544

F 25544 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 23

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 610 S Greene-2

CITY OF BALTIMORE: (No ..... ST. 22 WARD)

2-FULL NAME Milton Sampson

(a) RESIDENCE No. 610 S Greene St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Phillips

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Josephine Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jessie Phillips
(Address) 610 S Greene St

15 Filed July 11 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/36

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1936 to July 9, 1936
that I last saw him alive on July 9, 1936
and that death occurred, on the date stated above at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
6/18 to 7/9
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Dysentery
(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? —. Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. L. Rathkopf M. D.

19 (Address) 501 E Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL 7/12 1936

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W Hamburg St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F. D. 25545

F 25545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S. Oldham St., 56-7 Ward)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Kane

(a) Residence: No. 416 S. Oldham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Maggie Kane (Hettchen)

6. DATE OF BIRTH (month, day, year) August 27, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Company

10. Date deceased last worked at this occupation (month and year) January 5 1936

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas John Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Little

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth Hannan (daughter)
(Address) 337 S. Newkirk St

18. BURIAL, CREMATION OR REMOVAL
Place Balto Cem Date 7/10/36

19. UNDERTAKER Philip Herbert Sons
(Address) 2016 Eutaw Pl

20. FILED ... 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 7, 1936.

I last saw him alive on July 6, 1936. Death is said to have occurred on the date stated above, at 6:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	7/1/36
Bronchopneumonia	7/3/36

Other contributory causes of importance:
generalized arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Albert L. Glass M. D.

(Address) 4605 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

F 25546

F 25546 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Cloney St. St. 18-1 Ward)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Davis

(a) Residence: No. 834 Cloney St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

3a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of George Augustus Davis

6. DATE OF BIRTH (month, day, year) 12.29.1870

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
65	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Va

FATHER

13. NAME John Weatherless

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va

MOTHER

15. MAIDEN NAME Della Hurtt

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va

17. INFORMANT George Davis (Address) 834 Cloney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7-10-1936

19. UNDERTAKER Geo. L. Holland (Address) [illegible]

20. FILED 7 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.8.36 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to July 8 1936

I last saw her alive on July 8 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	5.1.36
Cardio-vascular renal disease	?
Gangrene left foot	6.8.36

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James R. Fair M. D.

(Address) 865 W. Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 25547

F 25547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2141 Druid Hill Ave St., 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Roderick B. Thomas
(a) Residence: No. 2141 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 11, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (B&O)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O - Railroad
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Claudia De Mau
(Address) 2141 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mon Catholic Date 7-11-1936

19. UNDERTAKER Wm. H. Holland
(Address) 1651 Druid Hill Ave

FILED 19 Registrar

JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1936, to 7/9, 1936
I last saw h[illegible] alive on 7/9, 1936 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cy. Nephritis	
& Uremia	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Burk Clutter, M. D.
(Address) 2134 Eutaw

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 25548

F 25548

U-1950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Rose Wheeler

(a) Residence: No. 834 N. Washington St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Wheeler

6. DATE OF BIRTH (month, day, year) February 3, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Klima
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Paledna
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL 7/13/36
Place Holy Redeemer Date ..... 19...

19. UNDERTAKER George J. Ruth, Inc.
(Address) 805 Washington Ave

[illegible] Registrar

JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 30th, 1936, to July 9th, 1936
I last saw her alive on July 9th, 1936, Death is said to have occurred on the date stated above, at 1.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan. 1929
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Leon H. Feldman, M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

25549 F 25549

HEALTH DEPARTMENT—CITY OF BALTIMORE

U-10546

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Tuberculosis Division

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Blanchard

If U. S. Veteran specify WAR

(a) Residence: No. 2227 Kirk Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Blanchard

6. DATE OF BIRTH (month, day, year) August 1, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Blanchard

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eliza Craighton

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 7/11/36 19

19. UNDERTAKER George J. Pfeltz Inc

(Address) 1725 Hanford Ave Govans

20. FILED 7-10-1936 Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1936 to July 8th, 1936

I last saw him alive on July 8th, 1936 Death is said to have occurred on the date stated above, at 5.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan. 1930

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 25550

F 25550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

U-14927

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Farrell

(a) Residence: No. 1215 215 Etting St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charlestown, Md.

FATHER

13. NAME: Joe

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Rachel Forest

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Lor. Date: 7/10/36

19. UNDERTAKER: Thomas E. Nelson
(Address) 1303 Presstman St.

20. FILED: Huntington [illegible] 1936

L 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to July 8, 1936. That I last saw him alive on July 8, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	
Cerebral hemorrhage	6-29-36
Other contributory causes of importance:	
Bronchopneumonia	6-29-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical and pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. L. de Lamballe, M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

25551 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25551

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Parish St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Smallwood

(a) Residence: No. 1116 Parish St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Smallwood

6. DATE OF BIRTH (month, day, year) 4/7/1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mercie Smallwood

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elsie Randal

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Fannie Smallwood

(Address) 1116 N. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/10 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 130 Prentiss St

20. FILED ..... Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936 to July 8, 1936

last saw h[illegible] alive on July 8, 1936. Death is said to have occurred on the date stated above at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal	June 28/36

Other contributory causes of importance: over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) T. H. Fletcher M. D.

(Address) 1 r 35 Lee Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

Spec.—1-12-23—M&T—500 Blks.

F 25552

F 25552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-w

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2538 Madison ave ST., 13-3 WARD

2-FULL NAME Rebecca A. Duncan

(a) RESIDENCE NO. 2538 Madison ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jeff Duncan

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper Home

(b) General nature of industry, business, or establishment in which employed (or employer) Private family

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER A. B. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Lively

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Martha C. Collins
2538 Madison ave.

15 ~~JUN 10 1936~~ Filed Washington Phillips Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 - 1936

17 I HEREBY CERTIFY, That I attended deceased from June 9 - 1936, to July 8 1936,

that I last saw h[illegible] alive on July 8 - 1936,

and that death occurred, on the date stated above, at 7.07 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Lesion

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. L. Coleman, M. D.

July 9 1936 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 7/10 1936

20 UNDERTAKER Thomas C. Kelson

ADDRESS 1303 Pennsylvania Ave

THIS IS very important See instructions on back of certificates.

F 25553

F 25553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Rutter St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Thomas Scott.

(a) Residence: No. 1506 Rutter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Scott.

6. DATE OF BIRTH (month, day, year) June 12 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) King George Co. Va.

FATHER

13. NAME William H. Scott.

14. BIRTHPLACE (city or town) (State or country) King George Co. Va.

MOTHER

15. MAIDEN NAME Elizabeth Weems

16. BIRTHPLACE (city or town) (State or country) Southampton Co. Va.

17. INFORMANT Minnie Scott (Address) 1506 Rutter St.

18. BURIAL, CREMATION, OR REMOVAL Place Int Calvary Date 7/11/36, 19

19. UNDERTAKER Jos. Sol. N. Hagerstown (Address) 1631 Reed Hill Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 10-40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance: Alcoholic

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. H. Lann, M. D. Coroner

(Address) 1215 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25554

M. D. H. 1268-9

F 25554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilhelemina Powell

(a) Residence: No. 938 N. Wolf St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Wilhelemina Sargent

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mildred Powell (daughter)

(Address) 224 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Forest Cemetery Date July 8 1936

19. UNDERTAKER: Edward B. Kyle

(Address) 1642 Whitelock St

Huntington Ave

JUL 10 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. W. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 25555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 25555

45-N

CERTIFICATE OF DEATH

14646

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 25-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Xaivier Sliwinski

(a) Residence: No. 2001 Latitia Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wilhelmine

6. DATE OF BIRTH (month, day, year) 1854 ?

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	81 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mass Cathedral Date July 11 1936

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED [illegible] for Registrar

JUL 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11 1936 to 7-8 1936

I last saw him alive on 7-8 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower lip	?
Other contributory causes of importance: Bronchopneumonia	2 days.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Carpenter, M. D.

(Address) Balto. City Hospital

OCCUPATION is very important. See instructions on back of certificate.

Aug. F 25556

25556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 80

1. PLACE OF DEATH Sinai Hosp. Balto. Md. Registered No.

CITY OF BALTIMORE: (No. 28-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Styne If U. S. Voter specify WARD No Record

(a) Residence: No. 3101 Hilldale Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of Ida E. Styne

6. DATE OF BIRTH (month, day, year): March 16th 1867

7. AGE: Years 69 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Realestate Secty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Towns & Park Land Co

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: Xxx

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Carey Styne

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Susan V.

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ida E. Styne
(Address) 3101 Hilldale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date July 13th 1936

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED 10 1936 Huntington Phillips Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6-36, 19..., to 7-10, 1936

I last saw him alive on 7-10 1936 Death is said to have occurred on the date stated above, at 8 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (?)	7-8-36
Tabes dorsalis	?

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Wass. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Nielchsen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 25557

F 25557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Della Gurke

(a) Residence: No. 5 S. Fremont Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles B Gurke

6. DATE OF BIRTH (month, day, year) Nov 30-1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chattanooga Tenn

FATHER

13. NAME John T Plumlee

14. BIRTHPLACE (city or town) (State or country) Spata Tenn

MOTHER

15. MAIDEN NAME Edna Peterson

16. BIRTHPLACE (city or town) (State or country) Dayton Tenn

17. INFORMANT Chas B Gurke

(Address) 5 South Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Chattanooga Tenn Date July 10 1936

19. UNDERTAKER William Loose

(Address) 1217 St Paul St

20. FILED July 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to July 10, 1936

I last saw h.. alive on July 10, 1936 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Acriflavine Dermatitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Robinson Jr M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

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L 10 1936

F 25558

F 25577 F 25558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julian S Queen

(a) Residence: No. 706 Tessier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-1-30

7. AGE	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	6	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Queen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 7/13, 1936

19. UNDERTAKER Wm G Jackson Sons Inc
(Address) Lemmon

1936 Washington Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936 to July 10, 1936

I last saw him alive on July 10, 1936 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative pneumonia	7/8/36
Accumulation of pleural fluid	7/8/36
Other contributory causes of importance: Bronchiectasis bilateral	1 yr.

Was an operation performed? Yes Date of 7/7/36

For what disease or injury? Bronchiectasis

Name of operation Lobectomy, left lower Date of 7/7/36

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Geis, M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 25559

F 25559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4916 Palmer Ave St. 27-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR. No Record

2. FULL NAME Anna M. Herring
(a) Residence: No. 4916 Palmer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Edward Herring

6. DATE OF BIRTH (month, day, year) Sept 2nd 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7 10	7	

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER
13. NAME George W. Crum
14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER
15. MAIDEN NAME Susan Ramsburg
16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Edward Herring
(Address) 4916 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jefferson Fred'k Co. Md Date July 11th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to July 9 1936
I last saw h alive on July 9 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis	1926
Senility Contributory	—

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Ensor M. D.
(Address) 4936 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B 1268-9

F 25560

F 25560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 22-2 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 W. Conway St St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Schroeder

If U. S. Veteran specify WAR

(a) Residence: No. 526 W. Conway St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lara Schroeder

6. DATE OF BIRTH (month, day, year) March 19, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Chas. J.W.Schroeder

(Address) 526 W.Conway St.

18. BURIAL, CREMATION, OR REMOVAL

Date July 11, 1936

19. UNDERTAKER

21. FILED 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. H. D. 1268-B

F 25561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 25561

+ 157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 9-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin Luther Menkel

(a) Residence: No. 1115 a. Head Boyceburg St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26th 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

FATHER

13. NAME Luther M. E. Menkel

14. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Rosalie Menkel

16. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

17. INFORMANT Mrs Rosalie Menkel.
(Address) Boyceburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Cedar Park Cemetery Date July 11 1936

19. UNDERTAKER Fred J. Lagerholm Long
(Address) 7401 Belair Road

20. FILED 1 1 1936 Huntington Millington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by autopsy find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Was an operation performed? yes Date of February 1

For what disease or injury? intestinal obstruction

Name of operation ... Date of 2/10/36

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — +
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1010 S. Ellwood Ave

USE OCCUPATION is very important. See instructions on back of certificate.

F 25562

F 25562 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Shakespeare St., Ward 23)

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chester Ronald Wasikowski

If U. S. Veteran specify WAR ...

(a) Residence: No. 1626 Shakespeare St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Nov. 8 - 1935.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Melvin Wasikowski

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Sutowski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Helen Wasikowski

(Address) 1626 Shakespeare St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 11th 1936

19. UNDERTAKER George L. Weber

(Address) 705 S. Linwood St

20. FILED ... 19... ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 1936 to July 10 1936

I last saw h... alive on July 10 1936. Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	5 days
(post-measles)	

Other contributory causes of importance:

No

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Emil F. Leipzig M. D.

(Address) 700 S. Eden St

F 25563

F 25563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Linwood St., Apt 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Margaret E. Morris

(a) Residence: No. 508 N. Linwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7th 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Irwin N. Morris

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lucretia Binnix

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Irwin N. Morris

(Address) 508 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 11th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7 1936 to July 10 1936

I last saw h[illegible] alive on July 10 1936 Death is said to have occurred on the date stated above, at 3.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bulbar heart dis'	
Heart frontation	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) Ernest K. Palmer M. D.

(Address) 3004 W. N. Ave

OCCUPATION IS very important. SEE INSTRUCTIONS ON PAGE 2 OF CERTIFICATE.

✓ F 25564

M. D. B. 1268-3

F 25564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 n Bond St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bennie L Townsend

If U. S. Veteran specify WAR .....

(a) Residence: No. 108 n Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 2 - 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Laurence Townsend

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME Beatrice Davis

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Beatrice Townsend

(Address) 108 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Hamlet NC Date 7/12/36

19. UNDERTAKER Robert F Williams

(Address) 1515 Mc Henry St

Washington Avenue Funeral Home

Registrar.

JUL 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis — Pneumonia — Pulmonary Edema

Date of onset July 5 1931

Other contributory causes of importance: —

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. L. Allen M. D.

Coroner.

(Address) 1515 Pennsylvania Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

F 25565

25565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 24-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morgan Grooms

(a) Residence: No. 1516 Boyle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 1-12-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME John Grooms

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland's Park Cem. Date July 13th 1936

19. UNDERTAKER Leo J. Cook

(Address) 1703 N. Patterson Park Ave

[illegible] Registrar.

1 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25 1936 to July 9 1936

I last saw him alive on July 9 1936 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Bronchopneumonia	2 days ago.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 25566

F 25566 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2215 Roslyn Ave

CITY OF BALTIMORE: (No. Baltimore city St., 15-8 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Ann Elizabeth Righter

(a) Residence: No. 2215 Roslyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Chas Righter

6. DATE OF BIRTH (month, day, year) Jan 2 1850.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME Richard Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daughter Miss Maude Righter

(Address) 2215 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL Harris Chapel Cem. Date July 13 1936

19. UNDERTAKER Howe Bros Inc.

(Address) Lutherville Md.

11 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7 1936 to July 10 1936

Last saw h.. alive on July 10 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular Disease — Date of onset 1935

Other contributory causes of importance:

Cerebral Hemorrhage — July 10-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, when? .....

(Signed) D. E. Frazer M. D.

(Address) 1800 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

25567

F 25567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-8

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3912 Edmondson Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Prager,

(a) Residence: No. 3912 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Prager,

6. DATE OF BIRTH (month, day, year) September 17, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent, I.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oct

10. Date deceased last worked at this occupation (month and year) July 9. 1936

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Prager,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Sarah E Prager

(Address) 3912 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date JUL 13 1936

19. UNDERTAKER Robt S Steele

(Address) 2700 Edmondson Ave.

JUL 11 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th 35, 19.., to July 9th 36, 19..

I last saw him alive on July 9th 36 19.. Death is said to have occurred on the date stated above, at 4 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis with marked hypertrophy	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) H. R. Lucas M. D.

(Address) 3921 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25568

F 25568 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Arunah Ave. St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida May Lickle,

(a) Residence: No. 2314 Arunah Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) July 7, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	-	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Francis Lickle,

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md.

MOTHER

15. MAIDEN NAME Sarah Burall,

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Mrs Sarah Burall,
(Address) 2314 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 13, 1936

19. UNDERTAKER Roff & Little
(Address) 2700 Edmondson Ave.

20. FILED 11 1936 Washington Dulhaire [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935 to July 10, 1936

I last saw h[illegible] alive on July 10, 1936 Death is said to have occurred on the date stated above, at 3.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
arteriosclerosis	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy? there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. R. Lucas, M. D.

(Address) 3701 Edmondson Ave.

V 53 OCCUPATION is very important. See instructions on back of certificate.

✓F 25569

F 25569 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 218 S Vincent St. 19-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME John A. Hampton

(a) Residence: No. 218 S Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Hampton

6. DATE OF BIRTH (month, day, year) July 16 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John A Hampton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Reily.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence Hampton
(Address) 218 S Vincent St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 7-13 1936

19. UNDERTAKER Bernard C Harle
(Address) 121 E. Wood St

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10-11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1. 1936 to July 10. 1936

I last saw him alive on July 10, 1936. Death is said to have occurred on the date stated above, at 5:38 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	1 yr

Other contributory causes of importance:

none

Was an operation performed? no. Date of —

For what disease or injury? none

Name of operation none. Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 888 N. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 25570

M. D. R. 1268-9

F 25570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Frederick ave St., 70-6 Ward)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Baby Boy Haupt ([redacted])

(a) Residence: No. 2810 Frederick ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-11-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) md.

FATHER

13. NAME August Haupt

14. BIRTHPLACE (city or town) Baltimore
(State or country) md

MOTHER

15. MAIDEN NAME Margaret Wilke

16. BIRTHPLACE (city or town) Baltimore
(State or country) md.

17. INFORMANT Father
(Address) 2810 Frederick ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/11/36

19. UNDERTAKER F. B. Wurmser & Son
(Address) 1300 Eutaw Place

20. FILED 7-11-1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.11.1936

22. I HEREBY CERTIFY, That I attended deceased from 7, 11, 1936, to 7, 11, 1936

I last saw h[redacted] alive on 7, 11, 1936. Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	[redacted]

Other contributory causes of importance: none

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathan Rosen, M. D.

(Address) 206 S Gilmor St

OCCUPATION is very important. See instructions on back of certificate.

F 25571

F 25571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. 21-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Ramsay St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma C. Freyer

(a) Residence: No. 706 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Freyer

6. DATE OF BIRTH (month, day, year) April 4, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

FATHER

13. NAME ? Harp

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Rev. Lloyd Coblentz
(Address) 2401 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 11 1936

19. UNDERTAKER [illegible]
(Address) 1003 W. Baltimore St.

Huntington Williams, Md

JUL 11 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16 1936 to July 6 1936

I last saw her alive on July 6 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis	?
	con

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Nolan M. D.

(Address) 682 Washington Blvd.

F 25572
M. D. F. 1268-9

F 25572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) East Baltimore (St.) Eastern Hospital (Ward)

Registered No. .....
(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 3 mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Sediacum

(a) Residence: No. 1917 N. Lafayette St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year): July 3, 1936

7. AGE: Years | Months | Days: 8 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Asa M. Sediacum
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Emma J. Carroll
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: M. Sediacum
(Address) 1917 West Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: July 11, 1936

19. UNDERTAKER: Chas. L. Cook
(Address) 1053 W. Baltimore

20. FILED: 1936 Huntington Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, to July 10, 1936

I last saw h alive on July 9, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Thymus Gland	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Melton Lewis, M. D.
(Address) WBG H

11 1936

M. D. B. 1268-9

25573

✓ F 25573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 154

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. Lee Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 hrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Thomasson

(a) Residence: No. Glendale, Md. St.. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 9, 1936

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or mln.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Paul E. Thomasson

14. BIRTHPLACE (city or town) (State or country): Fort Bayard New Mexico

MOTHER

15. MAIDEN NAME: Marjorie Lisner

16. BIRTHPLACE (city or town) (State or country): Hagerstown, Md.

17. INFORMANT: Mrs. Geo. E. Ni[illegible]
(Address) West Balto. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: J. H. Rud. School Date: July 11 1936

19. UNDERTAKER: [illegible]
(Address)

[illegible] 11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to July 9, 1936

I last saw h[illegible] alive on ..... 19.. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 2 hrs	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Arthur Chas. Feeney, M. D.

(Address) 1010 Hollins St.

OCCUPATION is very important. See instructions on back of certificate.

V 53

2445

Spec—12-23-21—E.R.R.S.—400 Bks. Elizabeth Emrich Bowers ✓ F 25574

F 25574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 530 E. 21st St. 4-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Emrich Bowers

(a) Residence No. 530 E. 21st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: W. Franklin Bowers

6-DATE OF BIRTH (month, day and year): Dec. 15, 1855

7-AGE: 80 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town): Baltimore (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Andrew Emrich

11-BIRTHPLACE OF FATHER (city or town): ------- (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaretta Dressel

13-BIRTHPLACE OF MOTHER (city or town): ------- (State or Country): Germany

14- (Informant): Harry Bowers (Address): 530 E. Twenty-First St.

15- Filed 1 1 1936 Huntington Village

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 10-1936

17- I HEREBY CERTIFY, That I attended deceased from March, 1923 to ....., 19....., that I last saw h...alive on July 4, 1936, and that death occurred, on the July 10, at 7:57 p m.

The CAUSE OF DEATH* was as follows:

Parkinsons Disease

(Duration) 15 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(Duration) ....yrs. 6 mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) George Mosser M. D.

, 19 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL, 7/13/36

20-UNDERTAKER: Henry W. Myers & Son — ADDRESS 805 N. Calve

Instructions on back of certificates.

F 25575

25575 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME George Lauinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1924 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette Medinger

6. DATE OF BIRTH (month, day, year) Nov. 1, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME George P. Lauinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jeannette Lauinger

(Address) 1924 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 7/13 36

19. UNDERTAKER Henry W. Myers & Son

(Address) 8[illegible] W. Fayette St.

1 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6-, 1936, to 7-9-, 1936.

I last saw him alive on July 9, 1936. Death is said to have occurred on the date stated above, at 5:08 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1935
Myocardial Endocarditis	1930
Nephritis	1925
Pulmonary Oedema	7/6/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Llewelyn M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 25576

F 25576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Jones.

(a) Residence: No. Ilchester. St., W Pl. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of V. H. Jones

6. DATE OF BIRTH (month, day, year) Aug 15 77 c

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Let 00 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Mill

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Landon Jones

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Susanna Dykes

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT University Hosp. records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Elkott City Date July 13 1936

19. UNDERTAKER F. C. Leigh Latham Jr.

(Address) Elkott City, Md.

JUL 11 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 11, 1936

I last saw him alive on July 11, 1936 Death is said to have occurred on the date stated above, at 1 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular accident. (Hemorrhage)	

Other contributory causes of importance:

Hypertension
Generalized Arteriosclerosis.

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Coffey Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 25577 ✓ F 25577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 N. Montford St. E. Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen T. Woolford

(a) Residence: No. 242 N. Montford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H. Woolford

6. DATE OF BIRTH (month, day, year): Sept. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chestertown Md.

FATHER

13. NAME: James Bristy

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Joseph Woolford Sr.
(Address) 920 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Cem. Date: 7-12-, 1936

19. UNDERTAKER: Byrod & Dennis H. Wright
(Address) 2316 McElderry St

20. FILED 7-11-1936, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-9-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-22-, 1936, to 7-9-, 1936

I last saw her alive on 7-8-, 1936. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of face — Date of onset: Unknown

Other contributory causes of importance:

Same.

Was an operation performed? — Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Wm. H. Cargile M. D.

(Address) 611-N. Caroline

25578 E 25578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 Mayfield ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman F Schmidt

(a) Residence: No. 2836 Mayfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Schmidt

6. DATE OF BIRTH (month, day, year) Sept 3 rd 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helena Scheuerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E Schmidt

(Address) 2836 Mayfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date July 13 1936

19. UNDERTAKER John Uberti

(Address) 2008 Aisquith

JUL 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to July 10 1936

I last saw h alive on July 8 1936 Death is said to have occurred on the date stated above, at 4.30 a m

The prinripal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: Dec

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Love M. D.

(Address) 418 Fountaway

M. D. P. 1268-9

F 25579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25579

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 W. Hamburg St. 21-2 Ward)

How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Length of residence in city or town where death occurred 25 yrs. — mos. — ds.

2. FULL NAME Robert Powers

(a) Residence: No. 1109 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Carr Powers

6. DATE OF BIRTH (month, day, year) Sept. 8, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodworker

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown Virginia

FATHER

13. NAME Robert Lee Powers

14. BIRTHPLACE (city or town) (State or country) Unknown Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Elsie Jackson
(Address) 1109 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place MOUNT OLIVET Date JULY 13 36

19. UNDERTAKER Forman & Ambrose Inc
(Address) 1015 W CROSS STREET.

JUL 12 1936 ... 19 ... Registered No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 36

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to July 10 1936

I last saw h... alive on July 10 1936 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/1/36
Hemiplegia	May 1/36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 25580

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25580

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5804 York Road St., 27-12 (Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Schneider

(a) Residence: No. 5804 York Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise Schneider

6. DATE OF BIRTH (month, day, year) Dec. 2-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Albertine C. Cooper
(Address) 5804 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 13 1936

19. UNDERTAKER George J. Schwab
(Address) 710 Frederick Ave

20. FILED July 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936 to July 10, 1936

I last saw h.. alive on July 10, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypocardiotis.	6 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H W Wheaton, M. D.

(Address) 4309 York Rd

OCCUPATION is very important. See instructions on back of certificate.

F 25581

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25581

CERTIFICATE OF DEATH

24

Registered No. 15041

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Cooper

(a) Residence: No. 1215 W. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER

13. NAME Jessie Cooper (d)

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Eliz. Adams

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Cem. Date July 14, 1936

19. UNDERTAKER The W. Bentzel Co. Inc.
(Address) Laurel Md.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to July 11, 1936

I last saw her alive on July 11, 1936. Death is said to have occurred on the date stated above, at 2-10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	7-1-36

Other contributory causes of Importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. de Santella M. D.

(Address) Baltimore City Hospitals

F 25582 ✓ F 25582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

Registered No. 17-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Harry Rutledge (Carrie Amanda) If U. S. Veteran specify WAR .....

(a) Residence: No. Stewartstown, Pa. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Rutledge

6. DATE OF BIRTH (month, day, year) Dec. 12, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER

13. NAME William Shawberger

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER

15. MAIDEN NAME Christiana Connally

16. BIRTHPLACE (city or town) (State or country) Hopewell, Pa.

17. INFORMANT Self (Hosp. Record)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fawn Grove, Pa. Date 7/11, 1936

19. UNDERTAKER Paul N. Hartenstein
(Address) New Freedom, Pa.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/1936. 19

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to July 11, 1936

I last saw h.CY alive on July 11, 1936. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

25583

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25583

CERTIFICATE OF DEATH

Registered No. 12253 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital, St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Mr Antonio Belli

If U. S. Veteran specify WAR

(a) Residence: No. 2803 Violet Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Jennie Belli

6. DATE OF BIRTH (month, day, year) June 14 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 804

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Antonio Belli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Eugene Belli

(Address) 2803 Violet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 13, 1936

19. UNDERTAKER Frank V. Pipstone

(Address) 2118 E Baltimore

20. FILED 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/2/36, 19, to 7/10/36, 19

I last saw him alive on 7/10/36, 19 Death is said to have occurred on the date stated above, at 8 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Neck Source unknown	12/2/35

Other contributory causes of importance:

Bronchopneumonia	
Arteriosclerotic C-V disease.	

Was an operation performed? Yes. Date of 6/16/36

For what disease or injury? Carcinoma.

Name of operation Excision of carcinoma. Date of 6/16/36

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hospital

F 25584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25584

95-B

1. PLACE OF DEATH — Hollins Ferry Rd 25-2 — Registered No.

CITY OF BALTIMORE: (No. 2406 Banger St St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John H. West

(a) Residence: No. 2406 Banger St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May West

6. DATE OF BIRTH (month, day, year): April 7, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stopper Grinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glass House

10. Date deceased last worked at this occupation (month and year): June 27, 1936

11. Total time (years) spent in this occupation: 37 Yrs

12. BIRTHPLACE (city or town) (State or country): Baltimcre Md

FATHER

13. NAME: Jack West

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rebecca Randolf

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: May West

(Address) 2406 Banger St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date July 13 1936

19. UNDERTAKER: Pott & Dallmeyer

(Address) Pratt & Eutaw Sts

20. FILED JUL 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to July 10, 1936. I last saw him alive on July 10, 1936. Death is said to have occurred on the date stated above, at 4 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/1/36
Other contributory causes of importance:	
Arteriosclerotic Cardiovascular Disease	1935

Name of operation: none Date of:

What test confirmed diagnosis: Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel P. Weranke, M. D.

(Address) 1910 W. North Ave

F 25585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25585

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William O Seim

(a) Residence: No. 1233 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel C. Seim

6. DATE OF BIRTH (month, day, year) June 9 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardwood Floor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry J Seim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Sisterway

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Caroline E Hinkey

(Address) 1262 James St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 14 1936

19. UNDERTAKER Geo M Little

(Address) 2700 Edmondson Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 11, 1936

I last saw him alive on July 11, 1936. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease & Mitral Stenosis and Insufficiency and Cardiac Failure	1914 7-11-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-11-36

For what disease or injury? Chr. Inf Tonsils

Name of operation Tonsilectomy Date of 7-11-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. D. Baumbrook Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

25586 F 25586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Mercy Hospital. Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernice Brown If U. S. Veteran specify WAR

(a) Residence: No. 307 - E. 23rd st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Blk.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	20	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Wilson Brown

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Fox (dead)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 12 1936

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey st

20. FILED [illegible] Registrar.

121836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th. 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-29, 1936, to 7/10, 1936.

I last saw h[illegible] alive on July 9, 1936 Death is said to have occurred on the date stated above, at 6.45 m. AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Dec.
	1st.
	1935

Other contributory causes of importance: over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Grafton Harbarger M. D.
(Address) Mercy Hospital

Spec.—1-10-21—M&T—1500 Bks.

F 25587

F 25587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53-E X

1-PLACE OF DEATH H a Kelly Hosp

CITY OF BALTIMORE: (NO. 1414 Eutaw Pl ST. 14-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Warner Henry

(a) RESIDENCE NO. Annapolis Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 ~~Single, Married~~, Widowed, or ~~Divorced (write the word)~~ widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Henry deceased

6 DATE OF BIRTH (month, day, and year) 22 March 1894

7 AGE 42 Years 3 Months 18 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Oliver F. H. Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Laura M Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Jas C Warner 1315 John st

15 Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1936

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to July 10, 1936, that I last saw her alive on July 10, 1936, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Thoracic tumor

own

(duration) Several years yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of .....

Was there an autopsy? NO

What test confirmed diagnosis? auscultation & percus.

(Signed) Howard A Kelly, M. D.

, 19 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christ Church Cambridge Md. DATE OF BURIAL July 13 1936

20 UNDERTAKER Chas. G. Black ADDRESS 142 Worth ave

F 25588 ✓ F 25588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-P

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Bolton St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James McConky Tripp

If U. S. Veteran specify WAR

(a) Residence: No. 1602 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Hanson Kirby

6. DATE OF BIRTH (month, day, year) Mar 4 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	62	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Cross Tripp

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Caroline Augusta McConky

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Jas. McC. Tripp

(Address) 1602 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date July 13 1935

19. UNDERTAKER Henry W. Hinkins Sons Co

(Address) McCulloh & Richard Sts

20. FILED 19 Registrar

JUL 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19, to 7-10-36, 19

I last saw h. M. alive on 7-10-36, 19. Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF RECTUM	1935 ?
Other contributory causes of importance:	

Was an operation performed? Yes Date of MARCH 1935

For what disease or injury? PERFORATION OF BOWEL

Name of operation EXPLOR. LAPAROTOMY Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Dorsey, M. D.

(Address) 1129 St Paul St

F 25589 ✓ F 25589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Woodbrook ave St. 13-th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Berman

(a) Residence: No. 3505 Woodbrook ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jennie

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. E.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah P

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gussie Berman
(Address) 2106 Winston ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lebanon Rd Date July 12, 1936

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

20. FILED 12 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1936 to 7/11, 1936

I last saw him alive on 7/11, 1936. Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/4/36
Coronary Thrombosis	7/11/36

Other contributory causes of importance:

General arteriosclerosis	1925

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Lazinsky M. D.

(Address) 2520 Eutaw Pl

M. D. B 1268-9

Michael J. Earling

F 25590

F 25590 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2752 Wilkins ave St. 70-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael J. Earling

If U. S. Vet. specify WAR No Record

(a) Residence: No. 2752 Wilkins ave St., ... Ward. 6.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Clara V. Earling

6. DATE OF BIRTH (month, day, year) Dec 23rd 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	17/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gandy Bottling Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jackson N. J.

FATHER

13. NAME Leonard Earling

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Catherine Hock

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Emma Hoffsnieder

(Address) 2752 Wilkins ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 13th 1936

19. UNDERTAKER Wm Cook

(Address) 17 St Paul st

JUL 17 1936

20. FILED ..... Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9-36 19 6. P.M.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above at 6 P.M. July 9 36

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H. Phillips, M. D.

Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

F 25591

F 25591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Homewood Ave St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary A. Lawrence

(a) Residence: No. 1902 Homewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of Wm H. Lawrence

6. DATE OF BIRTH (month, day, year) Oct 19th 1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin Braden Kopf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emmeline P. Graham

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Thos. Braden Kopf

(Address) 202 Longwood Rd Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 13th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to July 10, 1936

I last saw h alive on July 10, 1936. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

Apoplexy, Hemiplegia — Date of onset July 10

Other contributory causes of importance:

Heat Stroke arteriosclerosis — Date of onset July 10

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Elgin M. D.

(Address) 3201 Harrison Blvd

M. B. [illegible] F 25592 ✓ F 25592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-1 210-M

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Walther Blvd. & Parkside Drive (St.) (Ward)

Length of residence in city or town where death occurred 36 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Eugene Haviland.

(a) Residence: No. 3209 Berkshire Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of [illegible] Helen R. Haviland.

6. DATE OF BIRTH (month, day, year) December 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enterprise Fuel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Edgar Haviland.

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Margaret E. Belt.

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Helen R. Haviland. (wife)
(Address) 3209 Berkshire Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 13th 1936

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED 12 1936 [illegible] Registrar. 7/11/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull,	
Struck and knocked down by an automobile.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto E. Reinhardt, M. D.
Coroner

(Address) 1017 S. Charles St.

F 25593

F 25593 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Alameda Blvd St., 6-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 76 Rebellion

2. FULL NAME Theodore McLin McClelland

(a) Residence: No. 2707 Alameda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara R

6. DATE OF BIRTH (month, day, year) Feb 14 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Shoe Co

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm B. McClelland

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Jane McClelland

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Edward F Cole

(Address) 2930 Weyman Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 9/13/36 19

19. UNDERTAKER William Cook

(Address) 1203 St Paul St

20. FILED SEP 13 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to July 10 1936

That saw him alive on July 10 1936 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis — Date of onset 1934

Myocarditis — June 1936

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H G Jones M. D.

(Address) 720 N Monroe Ave

M. D. B 1268-9

F 25594 ✓ F 25594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Marie Daly

(a) Residence: No. 522 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Feb 28 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rose Bannon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Rose Bannon
(Address) 522 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 13 1936

19. UNDERTAKER Pete Wedefield
(Address) 914 Greenmount Ave

Lexington Funeral Home

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. W. Wright Coroner, M. D.

(Address) 1010 S. Belnord Ave

F 25595 F 25595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1718 Bethel St., 8-b Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

2. FULL NAME Katherine Flanagan
If U. S. Veteran specify WAR.....

(a) Residence: No. 1718 Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miles Flanagan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Feeley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honora —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miles Flanigan
(Address) 1718 Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 13 1936

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ...19... Registrar.

JUL 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July - 10 - 1936

22. I HEREBY CERTIFY, That I attended deceased from March - 17 - 1936 to July 10 - 1936

I last saw her alive on July - 10 - 1936. Death is said to have occurred on the date stated above, at 7.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene Right Foot	3/17/36
Other contributory causes of importance: Cerebral Hemorrhage	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North Av

F 25596

F 25596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1623 Division St., 14-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cecelia Paul's

(a) Residence: No. 1629 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Paul's

6. DATE OF BIRTH (month, day, year) Oct 9-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	8 9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balty Co Md

FATHER

13. NAME John Brausend

14. BIRTHPLACE (city or town) (State or country) Queens Md

MOTHER

15. MAIDEN NAME Mary Lynch Clarke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John H Paul's (Address) 1629 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Chase Md Date 7/13 1936

19. UNDERTAKER Clarence E. Wright (Address) 710 N. Carrollton Ave

20. FILED 7-14-1936 Huntington Philpott Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 10 1936
Other contributory causes of importance: Heart Exhaustion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo Allen M. D.

Coroner

(Address) 507 Druid Park Dr

OCCUPATION is very important. See instructions on back of certificate.

25597

F 25597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-4 182-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Patterson Park Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Harris

(a) Residence: No. 1424 Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jolasa F. Harris

6. DATE OF BIRTH (month, day, year) April 17-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Wm Ritter

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Miriam Bowen

(Address) 1424 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 4/13, 1936

19. UNDERTAKER Sperry Lutz

(Address) 1203 N. Broadway

20. FILED 4 12 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec July 9, 1936, to July 9, 1936

I last saw h alive on July 9, 1936. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorage	July 7.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 920 N. Howard St. M. D.

(Address) 1819 St. Paul St.

F 25598

F 25598 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Athol Ave St. Lexington (Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine A Rice

(a) Residence: No. 704 Athol Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Rice

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89 yrs	✓	✓	✓

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) County Mayo Ireland

FATHER

13. NAME Thomas O'Malley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget O'Malley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Catherine Schumacher

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date July 13, 1936

19. UNDERTAKER (Address) Wm J. Boulton Sons 1536 Popular Grove

20. FILED 7-13-1936 Huntington Pittsman M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to July 10, 1936

I last saw her alive on July 9, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	1 Day
	✓
	✓

Other contributory causes of importance: Chronic myocarditis & arteriosclerosis and Cystitis

	4 Yrs.
	✓

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James A Ellis M.D.

(Address) 4 E Fulton Ave

M. D. B 1268-9

F 25599

F 25599 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-4 St., ... Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lena S. Trumbo

(a) Residence: No. 403 N. Castle St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Enola
(State or country) Md.

FATHER

13. NAME Lewis Trumbo

14. BIRTHPLACE (city or town) Enola
(State or country) Md.

MOTHER

15. MAIDEN NAME Teresa Fisher

16. BIRTHPLACE (city or town) Bolte
(State or country) Ind.

17. INFORMANT Mrs. Teresa Trumbo
(Address) 403 N. Castle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7/12/36 19

19. UNDERTAKER Philip Stewart Sons
(Address) 2[illegible]

JUL 12 1936

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by Inquest and Autopsy find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: none

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.
Coroner

(Address) 1616 E. Edmondson Ave

Spec.—1-10-21—WAT—1500 Bks.

Martha A. Auld

F 25600

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25600

CERTIFICATE OF DEATH.

93-C

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Aisquith St. 27-2 WARD)

2-FULL NAME Martha A. Auld.

(a) RESIDENCE NO. 2815 Aisquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Auld.

6 DATE OF BIRTH (month, day, and year) Oct 21, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gloucester Co.
(State or country) Virginia

PARENTS

10 NAME OF FATHER James Haynes.

11 BIRTHPLACE OF FATHER (city or town) Gloucester
(State or country) Co., Virginia

12 MAIDEN NAME OF MOTHER Matilda Acre 7-10-1936

13 BIRTHPLACE OF MOTHER (city or town) Gloucester
(State or country) Co., Virginia

14 Informant Pearl [illegible] (Sachs)
(Address) 2815 Aisquith St.

15 Filed 12 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1936.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 9, 1936.
that I last saw him alive on July 9, 1936,
and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Fatty degeneration of the heart.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) Allen C. Burtham M. D.

(Address) 3139 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 7/13/1936

20 UNDERTAKER Philip Herwig Sons

ADDRESS 2016 Orleans St

F 25601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25601

93-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Riggs ave S. 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Myers

If U. S. Veteran specify WAR .....

(a) Residence: No. 2919 Riggs ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Hattie C. Myers

6. DATE OF BIRTH (month, day, year) Feb. 27-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Beulah Roberts
(Address) 2919 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 13- 1936

19. UNDERTAKER F. B. Kidwell & Son
(Address) 1300 Eutaw Place

20. FILED Huntington Pittsburgh 15th
Registrar.

JUL 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10-, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to July 10, 1936

I last saw him alive on July 10 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	✓
Dilatation of Heart	✓
Other contributory causes of importance:	
General Arteriosclerosis	✓

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical & Ext Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Edwin A. Thalard M. D.

(Address) 1219 Eutaw Place

F 25602 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25602

CERTIFICATE OF DEATH

✓48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2554 Madison Ave St. 13-3 Ward)

Length of residence in city or town where death occurred 48 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pauline Herman

(a) Residence: No. 2554 Madison Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wandorf-

6. DATE OF BIRTH (month, day, year) March 10-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Entertainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trips Club

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Herman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Rempke.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ellis S. White

(Address) 2554 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date July 13 1936

19. UNDERTAKER Ellis S. White

(Address) 2554 Madison Ave

20. FILED JUL 14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-22-, 1936 to 7-10-, 1936

I last saw h. alive on 7-10-, 1936 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri	Prior to 6/22/36

Other contributory causes of importance:

Toxaemia	
myocardial insufficiency	7/10/36

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A. Barden. M. D.

(Address) 15, 7 E. North Ave.

C Odele Merryman

25603 F 25603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Garrison Blvd St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME C. Odele Merryman If U. S. Veteran specify WAR .....

(a) Residence: No. 3019 Garrison Blvd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 8 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74 Yrs.	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel H.B. Merryman

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

MOTHER

15. MAIDEN NAME Martha A. Clemet

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Susan Hutchins
(Address) 3019 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cemetery Date July 13 1936

19. UNDERTAKER Ellis S. White
(Address) 2504 Madison Ave

20. FILED [illegible] City Health Department
JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 yr. ..... to July 10 ....., 1936
I last saw h.. alive on July 10, 1936 Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cancer of Left Breast	2 yr
Other contributory causes of importance: Metastasis to Throat	

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John A. Evans, M. D.
(Address) 612 N 40 St

F 25604 Catherine Roach. F 25604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Mercy Hospital Registered No. 13-10

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Roach. If U. S. Veteran specify WAR No Record

(a) Residence: No. 3453 Keswick Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Roche.

6. DATE OF BIRTH (month, day, year) March 4th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 12/31/35

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Co Maryland.

FATHER

13. NAME Patrick Carroll.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Allen.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Hosp Records (Daughter & sister).

18. BURIAL, CREMATION, OR REMOVAL Place Loney Station Date July 13th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 ..... Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to July 10, 1936

I last saw h alive on July 10, 1936 Death is said to have occurred on the date stated above, at 930 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerotic Cardio Vascular disease -	Mar. 1st.
Auricular Fibrillation	1935
Gangrene. st. leg. (Jan 9, 1936)	

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Grafton Herzberger M. D.

(Address) Mercy Hospital.

F 25605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25605

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 E. Preston St., G-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen H. Harnes

(a) Residence: No. 2131 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm H. Harnes

6. DATE OF BIRTH (month, day, year) Sept 18 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Penna

FATHER

13. NAME Barnes Young

14. BIRTHPLACE (city or town) (State or country) Oxford Penna

MOTHER

15. MAIDEN NAME Margaret Clark

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Chas Kennard Baylis

(Address) 2131 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cemetery Date July 13 1936

19. UNDERTAKER Edward W. Conkling

(Address) 424 E. Eager St.

12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to July 10, 1936

I last saw her alive on July 10, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 yr
Arterio Sclerosis Hypertension	1 yr
Bronchio Pneumonia	2 d.
Other contributory causes of importance:	
Chr. Interstitial Nephritis	1 yr

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Stanford Rd

F 25606

F 25606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 131

Registered No. 25-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4901 Fredrick Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sadie J Reed

(a) Residence: No. 4901 Fredrick Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-20-69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehman Pa

FATHER

13. NAME John Reed

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliz Harris

16. BIRTHPLACE (city or town) (State or country) Md. Liberty

17. INFORMANT Mrs Reed
(Address) 4901 Fred Ave

18. BURIAL, CREMATION, OR REMOVAL
Name Freedom Cemetery Date July 13 1936

19. UNDERTAKER Deer & Son Inc.
(Address) Laytonsville Md.

20. FILED L 13 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-36 19

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to July 10th, 1936; that I last saw h alive on July 10, 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 2nd
Arterio Sclerosis
Chronic Nephritis

Other contributory causes of importance

Cardiac Failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj O McCeney M. D.

(Address) 400 N Payson St.

M. D. B 1268-9

F 25607

F 25607 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl St., 70-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara N. Richards If U. S. Veteran specify WAR

(a) Residence: No. 26 Lorman Ave. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J.

6. DATE OF BIRTH (month, day, year) Jan 29 1866

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	67	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Bucklaw

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Kaiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry J. Richards (Address) 26 Lorman Ave

18. BURIAL, CREMATION, OR REMOVAL Fl Loudon Park Date July 13 1936

19. UNDERTAKER Wm. Gross (Address) 1175 St Paul

20. FILED ... 19... Registrar. At Eastern Dispensary

JUL 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of left femur	July 5 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury July 5, 1936

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury slipping

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. N. Wright M. D. Coroner

(Address) 1103 S. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

Krumrein 722 N Kenwood

25608 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25608

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Dennison St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Absalom McVey

If U. S. Veteran specify WAR

3(a) Residence: No. 518 Dennison St., Ward.
(Usual place of abode) 50 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma C. McVey

6. DATE OF BIRTH (month, day, year) Sept 11 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop & Dome

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md

MOTHER

13. NAME Sere McVey

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Jenkins

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alma L McVey
(Address) 518 Dennison

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 14 1936

19. UNDERTAKER Ulysses Cook
(Address) 1217 St Paul St

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1932 to July 12 1936

I last saw him alive on June 10 1936 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Angina Pectoris (Coronary Occlusion) attacks began 6 mon. ago -	
arterio-sclerosis - Oct-19-32	
Other contributory causes of importance:	
chr. nephritis - Emphysema.	10-19-32
mucus colitis	10-19-32

Was an operation performed? Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis F. Krumrein M. D.
(Address) 722 N. Kenwood

12 1936

F 25609

F 25609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-14 46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Mrs. Josephine M. Watts

(a) Residence: No. 918 West University Parkway

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed or divorced (or) WIFE of Bushrod M. Watts

6. DATE OF BIRTH (month, day, year) Feb. 23 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 years	4 Mo.	18 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) January 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Rutherford

14. BIRTHPLACE (city or town) (State or country) Phila Penna

MOTHER

15. MAIDEN NAME Frances Mitchell

16. BIRTHPLACE (city or town) (State or country) Phila Penna

17. INFORMANT B. R. Watts (son)

(Address) 918 W. Univ. Pk. Way

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 14 19

19. UNDERTAKER Stewart & Company

(Address) Baltimore

JUL 12 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to July 11, 1936

I last saw her alive on July 11, 1936 Death is said to have occurred on the date stated above, at 10 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	2 yrs.
Other contributory causes of importance:	
Hypostatic pneumonia	3 day.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp

F 25610 F 25610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 12-14 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel James Egerton If U. S. Veteran specify WAR None

(a) Residence: No. 400 Lamont Road St., City Ward.

(Usual place of abode) (If non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 29 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

FATHER

13. NAME Samuel E Egerton Jr

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bessie Tigles

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Saml E Egerton Jr (Father)

(Address) 400 Lamont Road

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date July 13 1936

19. UNDERTAKER Lewis Money Co.

(Address) 1058 N Howard Ave.

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 10, 1936

that I last saw h[illegible] alive on July 10, 1936 Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Streptococcus Type	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Harold V Hoge M. D.

(Address) Union Memorial Hosp.

F 25611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25611

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N. MILTON Ave. Ward) 7-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Burton Wallace Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 538 N. Milton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Ella Susan Wallace

6. DATE OF BIRTH (month, day, year) Aug. 30-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heating Contractor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wallace

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Brumfield

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Martha E Wallace

(Address) 538 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 13th 1936

19. UNDERTAKER Jno. Wilson & Son

(Address) 2503 Edmondson Ave

20. FILED JUL 15 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to July 11 1936

I last saw him alive on July 10 1936 Death is said to have occurred on the date stated above, at 3:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Arteriosclerosis	4/5
Uraemia, Bronchopneumonia	4/5
Other contributory causes of importance: Chronic Interstitial Nephritis	4/5

Was an operation performed? No. Date of .....

For what disease or injury? None

Name of operation ..... Date .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stevens, M. D.

(Address) 2878 Hartford Rd

F 25612

25612 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Warwick St. 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benj. Davis

(a) Residence: No. 1708 Warwick Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Davis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Emanuel Weinstein

(Address) 1540 E. Lord St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 7-11-36 19

19. UNDERTAKER Jack Levin & Son

(Address) 1432 E. Baltimore St.

FILED JUL 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-36 19

22. I HEREBY CERTIFY, That I attended deceased from May 21 19 36 to July 10 19 36

I last saw him alive on July 10 19 36 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-20-36
Other contributory causes of importance: Asthmatic Bronchitis	1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack Cohen M. D.

(Address) 2235 Broadway

M. D. P. 1268-9

F 25613

25613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St. Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ALPERT, Mrs. SARAH

(a) Residence: No. 2202 Eagle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	WHITE	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MEYER ALPERT

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ruth Kellman

(Address) 2103 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL Pk. Cemetery

Place Woodlawn Circle Date 7-12 ....., 1936

19. UNDERTAKER Jack Levin Inc

(Address) 1424 E. Baltimore St

20. FILED ..... Registrar.

7 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/36 ....., 19

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1936 to July 11th, 1936.

I last saw her alive on July 11th, 1936. Death is said to have occurred on the date stated above, at 3:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease & hypertension	1935
Cerebral hemorrhage	7/5/36

Other contributory causes of importance:

Auricular fibrillation

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Isaac Adler, M. D.

(Address) West Balto. Gen'l Hosp

M. D. B 1268-9

F 25614

F 25614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Arundel Hotel St., 11-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Danziger

(a) Residence: No. Detroit Mich St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Donhoe

6. DATE OF BIRTH (month, day, year) May 26 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Abraham Danziger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Danziger
(Address) Johns Hopkins Hosp.

18. BURIAL, CREMATION, OR REMOVAL Date July 13 1936

19. UNDERTAKER Harry H. Ditzler
(Address) 410 Edmondson Ave

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Chronic myocarditis & Endocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Leon B. Wallace M.D.

(Address) 631 St Paul St

F 25615

F 25615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Victor J. Brown

(a) Residence: No. 1133 Brentwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 8th 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER: James Ignatius J. Brown

14. BIRTHPLACE (city or town) (State or country) Balt

MOTHER: 15. MAIDEN NAME Victoria E. Rosenstelle

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT (Address) Victoria E. Brown 1133 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 13, 1936

19. UNDERTAKER (Address) John A. Manley 3000 E. Balto St.

FILED 19

12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11 1936 to July 9 1936

I last saw him alive on July 6 1936 Death is said to have occurred on the date stated above, at 10 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia	5 wks ago
Other contributory causes of importance:	
Bronco-pneumonia	4 days ago

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis P. Stephenson M.D.

(Address) St. Joseph's Hospital

F 25616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25616

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Radnor Ave St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles B. Gorman

(a) Residence: No. 611 Radnor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M.

6. DATE OF BIRTH (month, day, year) Feb-14-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Shell Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Pa.

FATHER

13. NAME Arnold Gorman

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Jane Hudson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs William Remmert

(Address) 611 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL

Name Holy Redeemer Date 7-13-36

19. UNDERTAKER Randall E. Humphreys

(Address) 1421 N. Broadway

20. FILED JUL 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-36

22. I HEREBY CERTIFY, That I attended deceased from 7/1/36 to 7/10/36

I last saw him alive on 7/10/36 Death is said to have occurred on the date stated above, at 2:43 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
	over

Other contributory causes of importance:

Senile

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. of H. B'dway M. D.

(Address)

M. D. P. 1268-9

F 25617.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25617.

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 E. Biddle St., 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose J. Duvall

(a) Residence: No. 2614 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Duvall

6. DATE OF BIRTH (month, day, year) Dec. 17, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Phoebus

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Isabelle Hamman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William Duval

(Address) 2614 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore. Date July 13, 1936

19. UNDERTAKER William D. Schaffer

(Address) 1816 E. Monument St

L 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1935 to July 10, 1936

I last saw h... alive on July 10, 1936 Death is said to have occurred on the date stated above, at 6:57 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease Myocarditis	?

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent D. Foke M. D.

(Address) 845 N. Patterson Pk Ave

M. D. B 1268-9

25618 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25618

CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 Filmore St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annetta Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 1343 Filmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John A. Thomas

6. DATE OF BIRTH (month, day, year) May 12 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Abraham Thomas

(Address) 1343 Filmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 13. 1936

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

FILED JUL 13 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	

Other contributory causes of importance:

Heart failure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1216 Hanover

OCCUPATION is very important. See instructions on back of certificate.

25619 F 25619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 ✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aquilla W. Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 724 N Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Sarah Brooks

6. DATE OF BIRTH (month, day, year) May 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Zed Brooks

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Betty Brooks

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Ella Mabel

(Address) 724 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL Mch

Place Bostow. Calvert Co. Md. Date July 13. 1936

19. UNDERTAKER Thomas E. Nelson

(Address)

20. FILED JUL 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 to July 10, 1936

I last saw h[illegible] alive on July 10, 1936 Death is said to have occurred on the date stated above, at 4:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypostatic congestion	
Myocardial degeneration	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Wallis Slemmer M. D.

(Address) 1606 Penna. Ave.

5620

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 48 25620

1. PLACE OF DEATH

Registration Dist. No.

County

Village or City Baltimore — No. 218 S. Green St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. 5 mos. 20 ds. How long in U.S. if of foreign birth? 22 yrs. mos.

2. FULL NAME Mamie Curry Forrest If U. S. Veteran, specify WAR

(a) Residence: No. 218 S. Green St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archie Forrest

6. DATE OF BIRTH (month, day, and year) Dec - 19 - 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5 6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Elevator Tender

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Stove Stores

10. Date deceased last worked at this occupation (month and year) Mar - 36

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Luther Richardson

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annie Dye

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland -

17. INFORMANT Alice Curry

(Address) 218 S. Green St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date July 13, 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ..., 19... Huntington Williams

UL 13 1936

If more copies are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) - 9 (Day), 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1, 1936, to July 9, 1936

I last saw her alive on July 6, 1936; death is said to have occurred on the date stated above, at 10:30 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Carcinoma of Uterus 7 mo -

Date of onset

Other **Contributory Causes** of importance:

Name of operation ... Date of

What test confirmed diagnosis? Microscopical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) David Svanoe M.D.

(Address) 1122 W Lee St

25621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 26-4 Ward)

CITY OF BALTIMORE: (No. ..... (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Mack

(a) Residence: No. 3530 Noble St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11/23/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6 7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Mack

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 13, 1936

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 E. Wolfe St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to July 10, 1936.
I last saw him alive on July 10, 1936 Death is said to have occurred on the date stated above, at 9 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	at birth

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-8-36
For what disease or injury? Hydrocephalus
Name of operation. Cauterization of Choroid Plexus Date of 6-8-36
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm. A. Clopper Jr. M. D.
(Address) Johns Hopkins Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

25622

CERTIFICATE OF DEATH

126 F 25622

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3131 Elmora Ave ST. 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate Meka

(a) RESIDENCE NO. 3131 Elmora Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Meka

6 DATE OF BIRTH (month, day, and year): July 21 1875

7 AGE — Years: 60 — Months: 11 — Days: 19 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm. Schilling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Miss Mildred Schroeder (Daughter)

(Address) 3421 Elmora ave

Filed JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JULY 10-1936

17 I HEREBY CERTIFY, That I attended deceased from July ..., 1936, to July 10, 1936

that I last saw h.. R. alive on July 10, 1936

and that death occurred, on the date stated above, at 7.28 P. m.

The CAUSE OF DEATH* was as follows:

AVRICULLAR FIBRILLATION

MODERATE ARTERIO-SCLEROSIS

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): GALL STONES

HEAT PROSTRATION (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of .....

Was there an autopsy? NO

What test confirmed diagnosis? CLINICAL

(Signed) WALTER A. ANDERSON, M. D.

, 19 (Address) 2001 SHANNON DRIVE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: July 12 1936

20 UNDERTAKER: J. A. Krause + Son

ADDRESS: 703 Vanover St

M. D. B 1268-9

25623 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25623

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 23-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Monti. If U. S. Veteran specify WAR .....

(a) Residence: No. 1340 S. Charles St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) November 20, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Anthony Monti.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Selina McGee.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Anthony Monti. (father)
(Address) 1340 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mer Cathedral Date 7/13/ 36

19. UNDERTAKER Fred. E. Krause & Son
(Address) 1[illegible] Ave.

20. FILED JUL 13 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hospital autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto E. Reinhardt M. D.
Coroner

7/11/36 (Address) 1017 S. Charles St.

H. D. B. 1268-9

25624 HEALTH DEPARTMENT—CITY OF BALTIMORE 25624

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Boone St. St., 9-8 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Leo Murray

(a) Residence: No. 2109 Boone St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth A Murray

6. DATE OF BIRTH (month, day, year) 7-9-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Co

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Patrick Murray

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Ann Gordon

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs Elizabeth Murray
(Address) 2109 Boone St

18. BURIAL, CREMATION, OR REMOVAL.

Place Catholic Cem Date July 11 1931

19. UNDERTAKER Riggs Inc Funeral
(Address) 2121 Eutaw St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9/1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to July 9 1931

I last saw h. alive on July 9 1931 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 mos
Cachexia	1 mo
Toxemia	1 mo
Other contributory causes of importance: Carcinoma of Stomach	6 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray + Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J Wilkes M. D.

(Address) 1532 E 22nd St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25625

CERTIFICATE OF DEATH

46-E F 25625

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S. Patterson Pk Ave St., 1-3 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Strezgowski

(a) Residence: No. 621 S. Patterson Pk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Strezgowski

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1934

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michel Strezgowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Strezgowski
(Address) 621 S. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date July 14 1936

19. UNDERTAKER Alfred W. Brakowski
(Address) 1930 Eastern Ave

FILED JUL 13 1936 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1934 to July 10 1936

I last saw him alive on July 10 1936 Death is said to have occurred on the date stated above, at 3 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Lung	1932-1934

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? X-ray & Bronchoscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Karl Grossman M. D.

(Address) 1212 N. Patterson Pk Ave

36868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

File 25626

34-E-107-a

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital St. 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry L Caskey

(a) Residence: No. 2117 Clifton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Solomon Caskey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 13 1936

19. UNDERTAKER John T Dennis
(Address) 715 Light St

20. FILED

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to July 10 1936

I last saw alive on July 10 1936 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia - Arterio-sclerosis
Hyper tension Thrombosis
of cerebral vessel, syphilis

Date of onset

Other contributory causes of importance:

Bronchial pneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wade B Allen M. D.

(Address) Johns Hopkins Hospital

25627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25627

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 647 W. Fayette St., 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Ernestine Ameling
(a) Residence: No. 647 W. Fayette St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Ameling

6. DATE OF BIRTH (month, day, year) June 29, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Joseph F. Ameling (Husband) 647 W. Fayette St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 13, 1936

19. UNDERTAKER (Address) John J. Henry 715 Light St.

20. FILED JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to July 10, 1936
I last saw her alive on July 9, 1936 at 7.30 p.m.
Death is said to have occurred on the date stated above, at ..... p.m.
The principal cause of death and related causes of importance were as follows:

Date of Onset

Cardiac thrombosis 7-10-36

Other contributory causes of importance: Senile Myocarditis 4/1/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Normid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. F. Hawkins M. D.
(Address) 1 E. Read Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25628 ✓ 48 F 25628

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Mayfield St. 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie G. Roettger

(a) Residence: No. 2809 Mayfield St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry F. Roettger

6. DATE OF BIRTH (month, day, year) Apr 17 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Engelbert Engle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry F. Roettger

(Address) 2809 Mayfield

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jul 17 1936

19. UNDERTAKER John Ullrich

(Address) 2001 Orleans

20. FILED ..... 19 ..... Registrar.

JUL 13 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from January 17 1935 to July 11 1936

I last saw him alive on July 11 1936 Death is said to have occurred on the date stated above, at 8.58 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1934
Other contributory causes of importance: Melanosis	6 mos

Was an operation performed? No Date of —

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. J. Gray M.D.

(Address) 611 N. Howard

F 25629 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25629

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 E Fayette st St., 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis F Hupfeld

(a) Residence: No. 2112 E Fayette st (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Hupfeld

6. DATE OF BIRTH (month, day, year): Aug 27 th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cabinet shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Fredk Hupfeld

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Reitz

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Miss Emma Hupfeld

(Address) 2112 E Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jul 17 19 3[illegible]

19. UNDERTAKER John Aldrich

(Address) 2008 Orleans [illegible]

20. FILED ..... 19 ..... Registrar.

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 th 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936 to July 10, 1936

I last saw h[illegible] alive on July 9, 1936 Death is said to have occurred on the date stated above, at 12.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller M. D.

7/11/36 (Address) 2739 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Westermeyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25630

CERTIFICATE OF DEATH

19 F 25630

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 220 So. Conkling ST., 76-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rudolph L Westermeyer

(a) RESIDENCE NO. 226 So Conkling ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mrs Bertha P. Westermeyer

6 DATE OF BIRTH (month, day, and year) July 1. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Penna Railroad

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Rudolph L. Westermeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Margaret A. Brenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas. F. Westermeyer

(Address) 6100 Danville Ave.

15 Filed JUL 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 - 36

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to July 11, 1936.

that I last saw him alive on July 11, 1936.

and that death occurred, on the date stated above, at 11.55 p m.

The CAUSE OF DEATH* was as follows:

General Debility

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Heat

(duration) ✓ yrs. ✓ mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) Geo. C. Shannon, M. D.

7/12/36 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Maryland Memorial	July 17 1936
20 UNDERTAKER: Baker Ulrich	ADDRESS: 2008 Orleans

25631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x108 F 25631

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Marie Nothey Marie Mattie Nothey

(a) Residence: No. Arnolds, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James E. Nothey

6. DATE OF BIRTH (month, day, year) July 29, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... p 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Prince George Maryland

MOTHER

13. NAME James E. Arnold

14. BIRTHPLACE (city or town) (State or country) Prince George Maryland

FATHER

15. MAIDEN NAME Martha Roberts

16. BIRTHPLACE (city or town) (State or country) Prince George Maryland

17. INFORMANT Mrs. Edith Thieme
(Address) Arnolds, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Arnolds, Md. Date July 14, 1936

19. UNDERTAKER Chas. H. Cook
(Address) 1005 N. Baltimore St.

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936 to July 11, 1936
I last saw her alive on July 11, 1936. Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulceration Colitis	
Pneumonia - Lobar, Right	
Empyema - Right	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. H. Robinson Jr. M. D.

(Address) University Hospital

25632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25632

CERTIFICATE OF DEATH

Registered No. V 107-a

1. PLACE OF DEATH Bon Secours Hosp.

CITY OF BALTIMORE: (No. Balto. Md St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Moiles If U. S. Veteran specify WAR

(a) Residence: No. 2130 Herbert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 29, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James C. Moiles

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Thelma May Jeffery

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. James C. Moiles
(Address) 2130 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date July 14 1936

19. UNDERTAKER Joseph H. Cook
(Address) 1093 N. Baltimore St.

FILED JUL 13 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936 to July 12, 1936

I last saw h[illegible] alive on July 12, 1936. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	6-36
Primary Bronchio Pneumonia	7-12-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon J. Kemp, M. D.

(Address) Bon Secours Hosp.

M. D. B. 1268-9

25633

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-F 25633

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4121 White Ave., Balto., Md. St., 27-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily Warner Johnson

(a) Residence: No. 4121 White Ave., Balto., Md. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Johnson

6. DATE OF BIRTH (month, day, year) August 23, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Warner

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Warner

(Address) 4121 White Av., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date July 13. 1936

19. UNDERTAKER Wm. B. Ellis & Sons Inc.

(Address) 1129 Hartsdale St.

20. FILED. JUL 13 1936 Huntington Wilkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936 to July 10, 1936

I last saw her alive on July 10, 1936 Death is said to have occurred on the date stated above, at 6P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration	July 10th

Other contributory causes of importance:

(1) Cardiac hypertrophy and dilatation (2) 1926
(3) Arterior-sclerosis, chronic endocarditis with mitral regurgitation. (4) 7/3/36
(5) Many yrs. duration. (6)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Belair Rd., Balto., Md.

5634 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F25634

CERTIFICATE OF DEATH

V89-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thelma Talliaferro

(a) Residence: No. 914 Rutland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wanda

6. DATE OF BIRTH (month, day, year) July 19th 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16 17	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Thomas Harris

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Rhoda Wright

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rhoda Harris Brother
(Address) 914 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cem Date July 14 1936

19. UNDERTAKER Mrs. H. Elliott - Daughter
(Address) 1129 Harlem Ave Huntington Williams, W. Va.

Filed 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.11 .1936

22. I HEREBY CERTIFY, That I attended deceased from 6.24 .1936 to 7.11 .1936

I last saw her alive on 7.11 .1936 Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess.	6.18.36
Chronic otitis media and mastoiditis	4 mo. ago.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... .19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. N. Jackson - M. D.

(Address) 600 N. Arlington

F 25635

F 25635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Joseph Hosp - 27-T — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James J. Horan

(a) Residence: No. 7211 Old Harford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J Horan

6. DATE OF BIRTH (month, day, year) Oct 5 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53 54 years	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month, day, year) July 8th 1936

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Horan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME — Manning

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Kempf

(Address) 7211 Old Harford Rd -

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Pk. July, 14th,

19. UNDERTAKER Geo, M. Fink & Son

(Address) 811 N. Wolfe St.

Huntington Williams, M.D.
Registrar.

20. FILED 13 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to July 10th 1936

I last saw him alive on July 10th 1936 Death is said to have occurred on the date stated above, at 8 7/8 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr. Glomerulo Nephritis	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank L Stephenson M.D.

(Address) St. Josephs Hospital

25636 Will call for

F 25636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E. Lanvale St., 8-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie C. Price

(a) Residence: No. 2028 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Price

6. DATE OF BIRTH (month, day, year) March 3 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Nugan

14. BIRTHPLACE (city or town) (State or country) Ireland Wexford

MOTHER

15. MAIDEN NAME Ann Lennon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William A. Price

(Address) 2028 E. Lanvale St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Baltimore County Date 6-14-36

19. UNDERTAKER George M. Fink & Son

(Address) 811 N. Wolfe St.

Interred in Huntington Cemetery

L 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 A. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to July 10, 1936.

I last saw her alive on July 10, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6/7/36
Other contributory causes of importance: Pleura of Lungs	7/10/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. McSmith M. D.

(Address) 701 N. Kenwood Ave.

F 25637

F 25637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 31

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 E. North ave St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leopold Teweles

If U. S. Veteran specify WAR .....

(a) Residence: No. 311 E. North ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 16. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72.	1	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Noah. Teweles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Judith —

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Joseph. Siegel

(Address) 1560. Monday Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place London. Park. Date July 13. 1936

19. UNDERTAKER Wendell J. Dietrich

(Address) 1406. Druid Hill Ave.

FILED JUL 13 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1936, to July 10. 1936

I last saw h.im alive on July 10. 1936 Death is said to have occurred on the date stated above, at 11.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1935
Coronary disease	1935
Pulmonary oedema	July 10/36
Other contributory causes of importance: Terminal nephritis	July/36
Exercise Heart	" 7/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) A. Flexner, M. D.

(Address) 24 S. Broadway

F 25638

25638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Gough St., 1-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Kanicki

(a) Residence: No. 1820 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cecelia Kanicki

6. DATE OF BIRTH (month, day, year) 7-4-23

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None — 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonia (Unknown)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Cecelia Kanecke
(Address) 1820 S. Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date July 14, 1936

19. UNDERTAKER Wendell (illegible) Bros.
(Address) 1405 (illegible) Washington Boulevard

20. FILED JUL 13 1936, 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hemorrhage from gastric ulcer	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

Signed J. A. McKnight M. D.
Coroner

(Address) 1010 S. Edmondson Ave

L 13 1936

25639 Yoekel F 25639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xref 186-a

1. PLACE OF DEATH No. Balto. Gen. Hosp. Registered No. 24-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Yaekel Yaekel If U. S. Veteran specify WAR

(a) Residence: No. Linden Ave. - Arbutus Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Annie Rolf Yaekel

6. DATE OF BIRTH (month, day, year) Jan. 8 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John L Yaekel.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary C. Frankfield
(Address) Linden Ave. Arbutus

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/13, 1936

19. UNDERTAKER Lueke, a Co.
(Address) 1600 W. Lombard St.

20. Filed 7 13 1936, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936 to July 10, 1936

I last saw h alive on July 10, 1936 Death is said to have occurred on the date stated above, at 7 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Fracture of neck of left femur	Accidental fall to floor

Was an operation performed? For what disease or injury? No Surgical Procedure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Doughton

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Webb, M. D.

(Address) 1213 Light St

F 25640

F 25640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Oak St. 12-7 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lucinda Lucy Price

(a) Residence: No. 2101 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Price

6. DATE OF BIRTH (month, day, year): Feb. 12, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Snappe Neck Md

MOTHER FATHER

13. NAME: Joseph Oliver

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Wm Price
(Address) 2101 Oak

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date July 13, 1936

19. UNDERTAKER: Jos. H. Kehoe & Son
(Address) 637 W. Fayette St.

JUL 13 1936

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to July 10, 1936

I last saw her alive on July 10, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreas	Mch 36

Other contributory causes of importance: Cerebral Hem

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) P. A. Richardson M. D.

(Address) 1150 W. Saratoga St

M. D. P. 1268-9

25641

HEALTH DEPARTMENT—CITY OF BALTIMORE

25641

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH Lake Drive near Lakeview Ave.

CITY OF BALTIMORE: (No. Seville Apts. 2 E. St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Schneeberger

(a) Residence: No. Seville Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schneeberger

6. DATE OF BIRTH (month, day, year) Dec. 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York City.

FATHER

13. NAME Charles Nusbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Schneeberger.
(Address) Seville Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Cem July 13, 36

19. UNDERTAKER David Samuelson & Son
(Address) 1902 Eutaw Place

20. FILED JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19-1921, 19..., to July 11, 1936.

I last saw h.r alive on July 11, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1921
Diabetes mellitus	1929
Spastic paraplegia	1933
Myocardial degeneration	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Charles Nusbaum M. D.

(Address) 1417 Eutaw Place

M. D. F.-1263-3

F 25642

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25642

CERTIFICATE OF DEATH

157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dolores Nelson

(a) Residence: No. 1337 N. Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) Sept 6, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Estelle Cheney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Christopher Nelson

(Address) 1337 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 13, 1936

19. UNDERTAKER V. G. Brooks

(Address) 1463 W. Lexington St

FILED JUL 13 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy & Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	6 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1010 S. Ellwood Ave

F 25643

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25643

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Brune St St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Gilbert Upsher

(a) Residence: No. 502 Brune St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola

7. DATE OF BIRTH (month, day, year) Nov. 10, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Upsher

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucinder Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lola Upsher

(Address) 502 Brune St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 7/14/ 1936

19. UNDERTAKER Francis G. Hemsley

(Address) 5 Stewart Biddle St.

FILED 19 .....

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to July 11, 1936

I last saw him alive on July 11, 1936 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabetes	
Dis. Heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E. Warfield M.D.

(Address) 627 Edmondson

25644

HEALTH DEPARTMENT—CITY OF BALTIMORE

25644

CERTIFICATE OF DEATH

92-a

Registered No. 2640

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1005 Mulberry St St., 18-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Louise Stewart

(a) Residence: No. 1005 W. Mulberry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gaithersburg Md

MOTHER FATHER

13. NAME Gordon

14. BIRTHPLACE (city or town) (State or country) Gaithersburg md

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robert Stewart

(Address) 1005 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Brookes Grove Date 7/14, 1936

19. UNDERTAKER Frances G. Kemp Ley

(Address) 578 W. Fayette St.

20. FILED 19

L 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to July 11, 1936

I last saw h alive on July 11, 1936 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	9 1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm H. Watts M. D.

(Address) 515 N. Eutaw

25645 HEALTH DEPARTMENT—CITY OF BALTIMORE 25645

CERTIFICATE OF DEATH

Registered No. ✓50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 517 W. Biddle St St. 17th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Augusta Smith
(a) Residence: No. 517 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 1853
7. AGE: Years 82 (83) | Months ? | Days ? | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Friendship Md
13. NAME OF FATHER: Unknown
14. BIRTHPLACE (city or town) (State or country): " "
15. MAIDEN NAME OF MOTHER: " "
16. BIRTHPLACE (city or town) (State or country): " "
17. INFORMANT (Address): Matron Ope Shelter 517 W. Biddle St
18. BURIAL, CREMATION, OR REMOVAL: Place Auburn Cem Date 7/14/ 1936
19. UNDERTAKER (Address): Frances A. Kemsley 518 W. Biddle St.
20. FILED 19 Registrar
JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11 1936
22. I HEREBY CERTIFY, That I attended deceased from May 27 1936 to July 11 1936
I last saw her alive on July 10 1936, Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:
Cancer of Uterus — Date of onset 3 yrs

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Pelletreau M. D.
(Address) 817 Hamilton Ter.

F 25646

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25646

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Barbara Keeken

If U. S. Veteran specify WAR .....

(a) Residence: No. 434 S Smallwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Keeken

6. DATE OF BIRTH (month, day, year): Oct 4, 1878

7. AGE: 57 58 Years | Months: 9 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: Martin C. Lutz

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Christina ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles W. Keeken

(Address): 434 S Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date July 14, 1936

19. UNDERTAKER: J. Alton Boykin

(Address): 700 E. North Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to July 11, 1936.

I last saw her alive on July 9, 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	1920
Mitral Stenosis	
Cerebral Embolus	7/8/36
Other contributory causes of importance:	
nephritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Llewelyn M. D.

(Address) St Agnes Hospital

13 1936

F 25647 F 25647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N Gilmor St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcella L Marsinger

If U. S. Veteran specify WAR

(a) Residence: No. 1 N Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17 1930

7. AGE Years 1 Months 10 Days 24 13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) Maryland

FATHER

13. NAME Harold E Marsinger

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Marie Coates

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Harold Marsinger

(Address) 1 N Gilmor

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Date 7/13, 1936

19. UNDERTAKER George A Fahey

(Address) Fulton Ave

JUL 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 10, 1936

I last saw h.er alive on June 10, 1936. Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Strep-Colitis.	5 Days

Other contributory causes of importance:

Extreme Heat.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. Norton, M. D.

(Address) 888 N. Linwood Av.

F 25643 F 25648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-D

1. PLACE OF DEATH St. Agnes Hospital 25-1
CITY OF BALTIMORE: (No. Wilkens & Caton St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura R. Stifflen

(a) Residence: No. Timonium, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 10, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown Balto Co Maryland

FATHER

13. NAME Geo. W. Stifflen

14. BIRTHPLACE (city or town) (State or country) Parkton Maryland

MOTHER

15. MAIDEN NAME Susanne Marshall

16. BIRTHPLACE (city or town) (State or country) Parkton Md

17. INFORMANT Mrs. E. Corbin
(Address) Timonium, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Beckleysville, Md Date July 15 1936

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Govans, Md

JUL 13 1936 Huntington Williamson M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13 1936 to July 13 1936

I last saw her alive on July 13 1936 Death is said to have occurred on the date stated above, at 7.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-21-36

For what disease or injury? Ca Rectum

Name of operation Sistrunk Colostomy Date of 4-21-36

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hospital

F 25649

25649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

U-13202

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Taylor

(a) Residence: No. 2456 Woodbrook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-16-1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mamie Dyer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7-13- 1936

19. UNDERTAKER Mrs Geo. H. Holland
(Address) 1651 Druid Hill Ave
Huntington Baltimore, Md.

20. [illegible] 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23 1936 to July 9 1936

I last saw her alive on July 9 1936 Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of peritoneum	March 1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 12-1936

For what disease or injury? Exploration of abdomen

What test confirmed diagnosis? Clinical & pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospital

13 1936

25650

F 25650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Moore

If U. S. Veteran specify WAR

(a) Residence: No. 4720 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Moore

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John W Moore

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Lottie Jones

16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT Mrs Flora Moore (Address) 4720 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/13, 1936

19. UNDERTAKER Mrs. Geo. A. Holland (Address) 1631 Druid Hill Ave

Huntington Williams

Registrar.

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 10 36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo C Allen M. D.

Coroner

(Address) 50 Lexington St

F 25651

3651 68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 93-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph X Yeager.

(a) Residence: No. 1440 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Yeager.

6. DATE OF BIRTH (month, day, year) July 28, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B.& O fireman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

MOTHER FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT John E. Trust. (soninlaw)
(Address) 1711 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baden Hill Date July 14, 1936

19. UNDERTAKER A. Howard Evans
(Address) 1000-02 E. Baltimore St.

20. FILED July 13 1936, 19 Huntington Williams Registrar /36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto W. Reinhardt M. D.
Coroner

(Address) 1017 S. Charles St.

F 25652

F 25652

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 136 N. Chapel St., 6-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry K. Pinkett. If U. S. Veteran specify WAR

(a) Residence: No. 136 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Oct 14 1876
7. AGE: Years 59 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

MOTHER FATHER
13. NAME: Henry Pinkett
14. BIRTHPLACE (city or town) (State or country): Dorchester Co Md
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

17. INFORMANT: Charles Pinkett 136 N Chapel
(Address)
18. BURIAL, CREMATION, OR REMOVAL: Pt. Calvary July 14 36
Date
19. UNDERTAKER: Gordon Strobeck & Son
(Address) 845 Edmondson Ave

20. FILED ... 19... Registrar.

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1936
22. I HEREBY CERTIFY, That I attended deceased from May 20 1936 to July 10 1936
I last saw him alive on July 9 1936 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	May 20 1936

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury? No
Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

25653

F 25653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 McCulloh St. 14-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Walters

If U. S. Veteran specify WAR

(a) Residence: No. 1617 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Walters

6. DATE OF BIRTH (month, day, year) March 25 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	14	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Brisco

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

MOTHER

15. MAIDEN NAME Priscilla Stanley

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md.

17. INFORMANT James Brisco

(Address) 1623 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Calvary Cem Date July 13 1936

19. UNDERTAKER Perkins & Sterrett

(Address) 818 Lanvale St

20. FILED July 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1245 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kann, M. D. Coroner

(Address) 12 E Franklin

25654 Chas R Clay ✓ F 25654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1022 Wilmot Pl. 17-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas Rudolph Clay Jr.

(a) Residence: No. 1022 Wilmot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3/21/35

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto
(State or country)
13. NAME of Father Chas Rudolph Clay Sr.
14. BIRTHPLACE (city or town) Balto, Md.
(State or country)
15. MAIDEN NAME of Mother Rose Loi
16. BIRTHPLACE (city or town) Balto, Md.
(State or country)
17. INFORMANT Chas R. Clay Jr.
(Address) 1022 Wilmot St.
18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem. July 14 1936
(Date)
19. UNDERTAKER Bernard F. Kennedy
(Address) 581 Lombard St.
Registrar.
20. FILED JUL 13 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1936 to July 12, 1936
I last saw him alive on July 11, 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Broncho-pneumonia	2 days

Other contributory causes of importance:
Rickets

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed the diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas. E. Schaffer, M. D.
(Address) 524 Mott Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

25655 F 25655

CERTIFICATE OF DEATH

46-F

25655 16-7

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2838 Winchester St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Bodensteiner

(a) Residence: No. 2838 Winchester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Bodensteiner

6. DATE OF BIRTH (month, day, year) July 25, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Helen Bodensteiner
(Address) 2838 Winchester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 14, 36

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936 to July 10, 1936. Death is said to have occurred on the date stated above, at 4 P.m.

I last saw her alive on July 11, 1936

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pancreas	
Chronic red Leuk dis	
Other contributory causes of importance:	

Was an operation performed? yes Date of Jan 1936

For what disease or injury? Acute pancreatitis

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify

(Signed) Carl H. Palmer M. D.

(Address) 300 W. N. Ave

F 25656 ✓ F 25656

HEALTH DEPARTMENT—CITY OF BALTIMORE

U-13893

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Tuberculosis Division

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth Ballard

(a) Residence: No. 224 N. Arlington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 8, 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Charles Ballard

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Lettie Richardson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date July 14 1936

19. UNDERTAKER Joseph A Lively
(Address) 709 N. Mount Street

20. FILED JUL 13 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936 to July 10th, 1936.
I last saw her alive on July 10th, 1936. Death is said to have occurred on the date stated above, at 9.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Leon H. Feldman, M. D.

(Address) Baltimore City Hospitals

25657

HEALTH DEPARTMENT—CITY OF BALTIMORE

25657

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH Bon Secours Hosp.

CITY OF BALTIMORE: (No. Baete Rd. St., 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Mc Gowan

(a) Residence: No. 1928 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: J. Marion McGowan

6. DATE OF BIRTH (month, day, year): Mar. 8-1888

7. AGE: Years 48 | Months 4 | Days 1 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Chas F. Brockel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Rosa Rittemeyer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo E. Mc Gowan

(Address): 1206 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: July 13: 1936

19. UNDERTAKER: F. B. Kippert & Son

(Address): 1300 Eutaw Place

FILED 19

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936 to July 9, 1936

last saw her alive on July 9, 1936. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	7-8-36
- O. K. Thos H. Phillips Coroner	

Other contributory causes of importance:

Surgical Shock

Was an operation performed? Yes Date of July 9, 1936

For what disease or injury?

Name of operation Appendectomy Date of 7-9-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L Tenner, M. D.

(Address) Bon Secours Hosp.

M.D. 25658

F 25658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Crockett

If U. S. Veteran specify WAR .....

(a) Residence: No. 764 Vine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Smithfield Va

FATHER

13. NAME Jack Crockett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Crockett

(Address) 764 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date July 13. 1936

19. UNDERTAKER Eugene Payne

(Address) 1721 Pennsylvania ave

[illegible] Registrar.

13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 2.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Kaye, M. D.

(Address) 1215 Hanover Coroner

M. D. B 1268-9

✓ F 25659

F 25659 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Mount St., 19-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Deloris Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 217 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 2 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Mitchell

14. BIRTHPLACE (city or town) (State or country) Charleston S. C.

MOTHER

15. MAIDEN NAME Lillie Weathers

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Lillie Mitchell (mother)

(Address) 217 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date July 13, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Edmondson Ave.

20. FILED July 13 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
July 10 - 36	
Acute Myocarditis	
and failure	
Following Pneumonia 3 mo ago,	

Other contributory causes of importance:

Fatigue from heat.

Was an operation performed? — Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B 1268-9

F 25660

F 25660 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 W. Saratoga St. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Martin

(a) Residence: No. 733 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rob L. Martin

6. DATE OF BIRTH (month, day, year) March 25, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alex. Major

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nan Ackebess

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Robert Martin

(Address) 733 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Zion Date July 14, 36

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 3224 Edmondson Ave.

FILED JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.

(Address)

F 25661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25661

CERTIFICATE OF DEATH

23

Registered No. 12366

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Garmany

(a) Residence: No. 230 N. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-16-1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Silas Garmany

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Hassie ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 14, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Schroeder St.

FILED JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1936 to 7-10-1936

I last saw him alive on 7-10-1936 Death is said to have occurred on the date stated above, at 9:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	?
Tuberculosis of Mediastinum	?
Tuberculosis of Elbow Joint, Left.	?
Tuberculosis of Radius, Left	?

Other contributory causes of importance:
Secondary Anemia.

Was an operation performed? Yes Date of 3-12-36

For what disease or injury? Tuberculosis of Left Elbow & Left Radius

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. C. Brantigan M. D.

(Address) Baltimore City Hospitals

25662

HEALTH DEPARTMENT—CITY OF BALTIMORE

25662

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Bolton St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna Elizabeth Reid

If U. S. Veteran specify WAR .....

(a) Residence: No. 1910 Bolton St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William A. Reid.

6. DATE OF BIRTH (month, day, year): Dec. 22, 1856

7. AGE: Years 79 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Paul Bride

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Elizabeth Browne

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Chas. D. Brown (Address) 1222 N. Carolina St.

18. BURIAL, CREMATION, OR REMOVAL: Place London Park, Date July 13 1936

19. UNDERTAKER: Wm. Fred Engel Sons (Address) Lorraine Park Md.

20. FILED JUL 13 1936 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 35 19... to July 10, 36 19... I last saw her alive on July 10, 36 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935
Contributory Chronic Nephritis	3 wk

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) H. C. Hamel M. D.

(Address) 1911 W. Mt. Royal Ave

25663 HEALTH DEPARTMENT—CITY OF BALTIMORE 25663

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. U.S. Marine Hospital Baltimore, Md. St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Virginia M. Thomas War Service: W.W.

(a) Residence: No. 2911 Chelsea Terrace -Balto. St., Ward.
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert L. Thomas

7. DATE OF BIRTH (month, day, year) July 7, 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 00 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Malambre

14. BIRTHPLACE (city or town) (State or country) Dayton Ohio

15. MAIDEN NAME Emma Woods

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Natl Date July 15, 1936

19. UNDERTAKER Wm. Jackson & Sons
(Address) North & Penna. Aves.

FILED JUL 13 1936 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to July 12, 1936

I last saw her alive on July 12, 1936. Death is said to have occurred on the date stated above, at 3:25p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma, left breast, with multiple metastases.	Jan/35.

Other contributory causes of importance:

Was an operation performed? Yes Date of April 22, 1936

For what disease or injury? Carcinoma of left breast.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. Is a disease. M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

F 25664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25664 18 157 D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 12-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wayne F Uppercue

(a) Residence: No. 321 W. 30th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-25-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME William Uppercue
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Elva White
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date July 13. 1936
St. Mary's Homedale

19. UNDERTAKER Chenoweth & Son
(Address) 3615-17 Christmas Ave.

20. FILED JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936, to July 11, 1936
I last saw him alive on July 11, 1936 Death is said to have occurred on the date stated above, at 745 p m.

The principal cause of death and related causes of importance were as follows: Date of onset

(congenital) Diaphragmatic Hernia 6-3-36
(Respiratory failure)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Judson B Cowbing ter M. D.
(Address) Johns Hopkins Hospital

F. D. 25665 ✓ F 25665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2718 Hampden Ave St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura V. Wilcox.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2718 Hampden Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Wilcox.

6. DATE OF BIRTH (month, day, year) June 16 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	68		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. Lundeland.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Penhopen.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Fannie Disney

(Address) 2718 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cem. Date July 14, 1936

19. UNDERTAKER Thanhouser & Co.

(Address) 361 S. Charles Ave

20. FILED [illegible] Registrar.

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-11-36
Arteriosclerosis	?

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Guess Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. M. Redenbaugh, M. D. Coroner

(Address) Coroner

25666 ✓ F 25666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. 19 Ward) St. Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Stanley
If U. S. Veteran specify WAR ...

(a) Residence: No. 113 S. Monroe St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Stanley

7. DATE OF BIRTH (month, day, year): Aug 2 1875

8. AGE — Years: 60 — Months: 11 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.: 24

OCCUPATION
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER
13. NAME: Lourenge Stanley
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Sarah Linton
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Anna Stanley
(Address) 113 S Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: July 14 1936

19. UNDERTAKER: Maurice V. Bisel
(Address) 378 Cumberland St.

20. FILED ... 19 ... Registrar.

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936 to July 12, 1936

I last saw him alive on July 12, 1936. Death is said to have occurred on the date stated above, at 12 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Renal Disease	ABO
Congestive Heart Failure	7/8/36
Pulmonary Oedema	7/11/36

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. L. Llewellyn, M. D.

(Address) St. Agnes Hospital

Spec. 0 30 Apr. 20 Blks.

F 25667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25667

CERTIFICATE OF DEATH.

939

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2507 E Fayette ST 6-2 WARD)

2-FULL NAME Margaret O Chamness

(a) RESIDENCE NO. 2507 E. Fayette ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. 6 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, Divorced, (write the word): Widowed

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of George W Chamness

6 DATE OF BIRTH (month, day, and year) April 8 1855

7 AGE: Years 81 | Months 3 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Galt Ind.

PARENTS

10 NAME OF FATHER Anthony Dunkan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Laura O Hamness 2507 E Fayette St

15 Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10-36

17 I HEREBY CERTIFY, That I attended deceased from Aug -10- 1935, to July 10 1936

That I last saw h[illegible] alive on July 10 1936

and that death occurred, on the date stated above, at 6 00 P m.

The CAUSE OF DEATH* was as follows:

Chr Arterio sclerosis - Senility

Myocardial Insuff. cerv 93 62

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

Edema (duration) days. yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm O Geyer M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL 7/14 19 36

20 UNDERTAKER Millard L. Callender Milton — ADDRESS [illegible]

5668

F 25668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 S Washington Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Baby Girl Walker

(a) Residence: No. 257 S Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13-36

7. AGE | Years | Months 0 | Days 0 | If LESS than 1 day, ...hrs. or 6 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME Pauline Kotlik

14. BIRTHPLACE (city or town) (State or country) Steubenville Ohio

FATHER

15. NAME John B. Walker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John B. Walker

(Address) 257 S Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date July 3. 1936

19. UNDERTAKER Fuller & Bro

(Address) 1873 W Fayette St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936 to ..... 19.....

I last saw her alive on July 13 1936 Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

Nephritis Toxemia of Pregnancy

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Karl Greenwald M. D.

(Address) 1212 N Patterson Park Ave

F 25669 ✓ F 25669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 16-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Gough Street St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Stanislawa Kmieciak

(a) Residence: No. 3516 Gough Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kmieciak

7. DATE OF BIRTH (month, day, year) Sept. 28, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Peter Sliwinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Margaret Butta

(Address) 3516 Gough Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 14. 1936

19. UNDERTAKER John M Weber

(Address) 401 S Chester St

20. FILED 19 JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935 to July 10 1936

I last saw h alive on July 10 1936 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	about 1 yr.
Other contributory causes of importance: Chronic nephritis	2 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos Ly Valentine M. D.

(Address) 16 Do. Broadway

F 25670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25670

95-B

Registered No. 13-7-

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Agnes Murray

(a) Residence: No. 600 Berry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Murray

7. DATE OF BIRTH (month, day, year): March 17 1876

8. AGE: Years 60 | Months 3 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Michael Keasey

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Catherine Kearns

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Helen Bundick,
(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL: Char Cem Pikesville Date July 14 1936

19. UNDERTAKER: Chas E Davidson
(Address) 118 W Madison Ave

20. FILED 19

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936 to July 11 1936

I last saw her alive on July 11 1936 Death is said to have occurred on the date stated above, at 8 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic hypertension	
heart disease	1925
Cerebral thrombosis	June 27 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

F 25671

F 25671 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Port St St. 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Kathrine Lavicka

(a) Residence: No. 901 N. Port St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joh Lavicka

6. DATE OF BIRTH (month, day, year) Dec. 25 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME — Kadan

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Hollmann

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Lavicka
(Address) 901 N. Port St

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 7/14/36 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2014 Eastern Ave

Filed 7/13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to July 10 1936

I last saw h alive on July 10 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	7/1/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Keough M. D.

(Address) 8014 Harford Rd

25672 ✓ F 25672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4127 Sunnyside Ave St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.
If U. S. Veteran specify WAR

2. FULL NAME Anna R. Hoffman
(a) Residence: No. 4127 Sunny Side ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Harry C. Hoffman
6. DATE OF BIRTH (month, day, year): July 4 1884
7. AGE: Years: 52; Months; Days; If LESS than 1 day, hrs. or min.: 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto., Md
13. NAME: John Irving Ireland
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME: Alice Ryan
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT (Address): Harry C. Hoffman 4127 Sunnyside ave
18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Cem. Date: July 14, 1936
19. UNDERTAKER (Address): Margaret L. Flynn 2107 N. Milton Ave Huntington Filed JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1936
22. I HEREBY CERTIFY, That I attended deceased from March, 1935 to July 12, 1936
I last saw h alive on July 11, 1936 Death is said to have occurred on the date stated above, at 2.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Paraenchymatous Nephritis	unknown
Other contributory causes of importance: Chron. Myocarditis, Hypertension	unknown

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Phys. & Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) C. B. Edwards M. D.
(Address) 4936 Park Ave

✓ F 25673

25673 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1409 Belt St. St. 24-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME William J. Clark
(a) Residence: No. 1409 Belt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 9. 1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.
13. NAME William J. Clark
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Victoria Wisnieska
16. BIRTHPLACE (city or town) (State or country) Balto. Md
17. INFORMANT Wm. J. Clark (Father)
(Address) 1409 Belt St.
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 14 1936
19. UNDERTAKER Margaret Stephens
(Address) 1422 Light St.
FILED JUL 13 1936 ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 12 1936 to July 12 1936
Last saw h... alive on July 12 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	6/12
Heat Prostration	July

Other contributory causes of importance:
Marasmus

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter John ... M. D.
(Address) 102 E. Fort Ave.

F 25674

F 25674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-W

1. PLACE OF DEATH — St. Agnes Hospital — 20-3

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St., Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Annie L. Childs

(a) Residence: No. 2023 Wilkens Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Childs

6. DATE OF BIRTH (month, day, year) Feb. 12-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Shackleford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Beamon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm R Childs

(Address) 2023 Wilkens ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 7/14/36

19. UNDERTAKER Geo L Beyer Dr

(Address) 1512 Hollins St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to July 12, 1936

I last saw her alive on July 12, 1936 Death is said to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Other contributory causes of importance: Intestinal obstruction due to ventral hernia	

Was an operation performed? Yes Date of July 11, 1936

For what disease or injury? Intestinal Obstruction

Name of operation Herniorrhaphy Resection of small intestine Date of 7-11-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Karl F. Meek M. D.

(Address) St. Agnes Hospital

✓ F 25675

25675 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph Hosp 1408 N. Caroline St., 9-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John J. Gannon

(a) Residence: No. 3207 Independence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~late WIFE of~~ Delia M. Gannon

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Josephs Hospital
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Delia M. Gannon
(Address) 3207 Independence St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 14th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

13 1936 Washington Metropolitan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to July 11, 1936
I last saw him alive on July 9, 1936. Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1930
Chronic nephritis	1935
Other contributory causes of importance: Empyema, rt side of chest	May 1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M.D.
(Address) St Josephs Hospital

F 25676

F 25676 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3304 Gibbons Ave. St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR.

2. FULL NAME Jane Blanche Richardson No Record
(a) Residence: No. 3304 Gibbons St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George E Richardson

7. DATE OF BIRTH (month, day, year) March 30-1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 003
10. Date deceased last worked at this occupation (month, day, year) 1935
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Howard Wheeler
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Susan Holland
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT R Stanley Richardson
(Address) 3304 Gibbons Ave
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date July 14, 1936
19. UNDERTAKER Lovejoy Cook
(Address) 217 S. Paul St

Filed JUL 13 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to 7/12/36. 19...
I last saw her alive on 7/12/36. 19... Death is said to have occurred on the date stated above, at 1245 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis.	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] Stanley M. D.
(Address) 1703 Harford Rd

F 25677

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25677

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 544 East 22nd St., 9-8 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Elizabeth A. Kohlepp
If U. S. Veteran specify WAR

(a) Residence: No. 544 East 22 St., Ward. SO Reed
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6. If married, widowed, or divorced (or) WIFE of: Joseph Kohlepp
7. DATE OF BIRTH (month, day, year): Oct 31-1866
8. AGE: Years 69 | Months 8 | Days 11 | If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dept Store
11. Date deceased last worked at this occupation (month and year): X
12. Total time (years) spent in this occupation: X
13. BIRTHPLACE (city or town) (State or country): Balto Md
14. NAME: Frederick Putsche
15. BIRTHPLACE (city or town) (State or country): Germany
16. MAIDEN NAME: Bridget Manning
17. BIRTHPLACE (city or town) (State or country): Ireland
18. INFORMANT (Address): Mary E. Kohlepp 544 East 22nd
19. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date July 14 1936
20. UNDERTAKER (Address): Williams 217 St Paul Cook
FILED 19

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to July 12, 1936
I last saw h. alive on 7/12/36, 19 Death is said to have occurred on the date stated above, at 4:30 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. W. Falley M. D.
(Address) 5703 Harford Rd

F 25678
M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 25678

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3511 Devonshire Drive 46-E
CITY OF BALTIMORE: (No.) St. 21-20 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Wm Wilcox
(a) Residence: No. 3511 Devonshire Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Julia Wilcox

6. DATE OF BIRTH (month, day, year) June 18, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 000
10. Date deceased last worked at this occupation (month and year) 12 25
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Fred Wilcox
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Fannie Tupper
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Julia Wilcox
(Address) 3511 Devonshire Drive

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/15/36

19. UNDERTAKER Harrison Bros
(Address) 1217 St Paul St

20. FILED JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 13, 1936
I last saw him alive on July 12, 1936 Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	
Apparently Primary	Jan 1936

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. W. Peake M. D.
(Address) 454 Poplar Road

25679 HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 25679

92-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Maryland St., 19-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR

2. FULL NAME Elizabeth E. Doyle

(a) Residence: No. 2700 Maryland St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 6-1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lever Bros Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (City or town) Greenville (State or country) Augusta Co Va

13. NAME OF FATHER John W. Doyle

14. BIRTHPLACE (City or town) Staunton (State or country) Va

15. MAIDEN NAME OF MOTHER Ella McKee

16. BIRTHPLACE (City or town) Greenville (State or country) Va

17. INFORMANT D. C. Mills

(Address) 505 - C. St Sparrow Point

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va Date July 14 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29th 1936 to July 11th 1936

I last saw h... alive on July 10th 1936 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7-11-36

Other contributory causes of importance:

Fuso Cerditis	2
	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H E Cross M. D.

(Address) 218 W 26th St.

Spec.—1-10-21—M&T—1500 Bks.

F 25680 ✓ F 25680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53-B

REGISTERED NO. 275

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6110 Glen Oak Ave. ST., ~~27~~ WARD 5

2-FULL NAME Mary Catherine Clawson

(a) RESIDENCE NO. 6110 Glen Oak Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Adam Clawson

6 DATE OF BIRTH (month, day, and year) June 5, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, 17 hrs. or 7 min.
	72	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburgh, Penna.

PARENTS

10 NAME OF FATHER Geo. W. Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Eleanor M. McCloskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisiana

14 Informant Adam Clawson (Address) 6110 Glen Oak Ave

15 Filed ~~[illegible]~~ [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1936.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1936 to July 11 1936.

that I last saw her alive on July 11 1936,

and that death occurred, on the date stated above, at 5 07 P. m.

The CAUSE OF DEATH* was as follows:

Lympho-Sarcoma.

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Cole, M. D.

7-11 1936 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 7/14/36

20 UNDERTAKER Harry A. Writsle 4101 Edmondson Ave

ADDRESS

M. D. B. 1268-A

F 25681

F 25681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital 28-3 46-D Registered No.

CITY OF BALTIMORE: (No. 1000 Eaton Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Redshaw

(a) Residence: No. 2520 Talbot Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dublin
(State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Jenkins Memorial Hospital
(Address) 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 7/15 1936

19. UNDERTAKER Fuhrman Funeral Home
(Address) 3 E Fayette St

20. FILED 19 Registrar

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936 to July 12, 1936.

I last saw h[illegible] alive on July 11, 1936 Death is said to have occurred on the date stated above, at 4:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. J. Williamson M. D.

(Address) Hayes Hospital

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25682

25682

95-B

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 La-Mont Avest. 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James A. Taylor

(a) RESIDENCE NO. 1732 La Mont Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. — ds. — How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie N. Taylor

DATE OF BIRTH (month, day, and year): May 1-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	76	1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 0066

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Franklin Davis Nursery

BIRTHPLACE (city or town) (State or country): Carroll County Md

10 NAME OF FATHER: John T. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll County Md

12 MAIDEN NAME OF MOTHER: Catherine Clough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll County Md

Informant: Mr Earl Schissler

(Address): 1732 La-Mont ave

Filed JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11. 1936

17 I HEREBY CERTIFY, That I attended deceased from May 9. 1936, to July 11, 1936

that I last saw him alive on July 11, 1936

and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel Legum, M. D.

, 19 (Address) 1261 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Moreland Memorial Park — DATE OF BURIAL: July 15, 1936

20 UNDERTAKER: Wilton Schilling — ADDRESS: 1122 E. Monument St

F 25683

F 25683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N. Patterson Pk Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matthew J. Matula

(a) Residence: No. 513 N. Patterson Pk. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Matula

6. DATE OF BIRTH (month, day, year): Feb 2, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Matthew Matula

14. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

17. INFORMANT: Mary E. Matula

(Address) 513 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 14, 1936

19. UNDERTAKER: Feeney Funeral Home

(Address) 1906 Ashland Ave

July 13 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 11, 1936

I last saw him alive on July 11, 1936. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Rydauek, M. D.

(Address) 801 N. Kenwood Ave

25684 ✓ F 25684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5725 Ridgedale Rd. St., 27-15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Elise Weber

(a) Residence: No. 5725 Ridgedale Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Weber

DATE OF BIRTH (month, day, year) Feb. 10, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Joseph Neubauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Dorothy W. Nesker

16. BIRTHPLACE (city or town) (State or country) Hanover Germany

17. INFORMANT Mrs. Elsie Adam

(Address) 5725 Ridgedale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date July 14, 1936

19. UNDERTAKER Easton Sons

(Address) Ellicott City

FILED JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 11, 1936

I last saw her alive on July 11, 1936. Death is said to have occurred on the date stated above, at 7, P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	7-6-36.
Hemiplegia (left).	

Other contributory causes of importance:

Arteriosclerosis.

Was an operation performed? M Date of

For what disease or injury? M

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

M If so, specify

(Signed) Edward F. Warner, M. D.

(Address) 2604 Garrison Blvd.

✓ F 25685

25685 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Donlan

(a) Residence: No. 1200 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1853 - 1

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83-				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas Donlan

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anna Hanagan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus

(Address) 1200 Valley St. Superior

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 14, 1936

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Fremont Ave

20. FILED JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to July 13, 1936

I last saw her alive on July 9th, 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance: Asthma	2 mo

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Php Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. Mc Parker, M. D.

(Address) 1114 Hampton Ter

5686 — F 25686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 Idaho Ave, St., 27-4 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Billingsley Cox

(a) Residence: No. 4106 Idaho Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Cox

7. DATE OF BIRTH (month, day, year) July 18th 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Can Co.

10. Date deceased last worked at this occupation (month and year) March 23 '36

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland

13. NAME of father George Herbert Cox

14. BIRTHPLACE (city or town) (State or country) Oxford Md. Maryland

15. MAIDEN NAME of mother Florence Cox

16. BIRTHPLACE (city or town) (State or country) Oxford Md. Maryland

17. INFORMANT Mrs Florence J. Cox

(Address) 4106 Idaho Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Cemetery Date July 15 1936

19. UNDERTAKER Frederick Tasselmyer & Sons

(Address) 7401 Belair Road

FILED 7 1936 Clayton Billingslea Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to July 12 1936.

I last saw he alive on July 12 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blood Stream Infection	3/23/36
Streptococcus viridans	
Myocarditis - endocarditis	
Other contributory causes of importance:	
none	

Was an operation performed? 6 transfusions Date of.

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert G Mehrtens M. D.

(Address) 6409 Belair Rd

F 25687

325687 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 15-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Robinson

(a) Residence: No. 1850 Lorman St., ... Ward. Color 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Mar. 5 1901

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Wm. Robinson

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Mary Idaho

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place John Hopkins Med School Date July 13, 1936
(Name of Cemetery, Crematory, or Undertaker)

19. UNDERTAKER [illegible]
(Address)

FILED JUL 13 1936 [illegible] #2401

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30th 1936 to July 2, 1936

I last saw her alive on July 2nd 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio vascular disease. — Date of onset

Other contributory causes of importance:

Arteriosclerotic nephritis.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ward B. Allen M. D.

(Address) Johns Hopkins Hospital

✓ F 25688

25687
315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St. 16-2 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Eugene Williams
(a) Residence: No. 1123 Parrish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma

6. DATE OF BIRTH (month, day, year): 7-13-87

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	11	22	

8. Trade, profession, or particular kind of work done, as soinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wash D.C.
13. NAME: George Williams
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Emma ?
16. BIRTHPLACE (city or town) (State or country): Md
17. INFORMANT: Records
(Address): Johns Hopkins Hospital
18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] School Cemetery Date July 13, 1936
19. UNDERTAKER: [illegible] Undertaking Co.
(Address): [illegible] Washington [illegible]
Registered.
20. FILED JUL 13 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936 to July 5, 1936
I last saw him alive on July 5, 1936 Death is said to have occurred on the date stated above, at 1100 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?
Bronchopneumonia	July 2

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Warder B. Allen, M. D.
(Address) Johns Hopkins Hospital.

M. D. B 1203-9

F 25689

5689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BabyBoy Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 919 S. Fremount Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Rec School Date July 13, 1936

19. UNDERTAKER Wm. E. Woodall

(Address) 1615 Div. St. Balto.

20. FILED JUL 13 1936 2452

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 2737 h. ave

V Verified

F 25690

25690 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 33

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 107 S. Robinson St. (Ward) 2

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Downey

(a) Residence: No. 107 S. Robinson St., ... Ward. No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Clara Downey
7. DATE OF BIRTH (month, day, year): March 1872
8. AGE: Years: 64 | Months: 4 | Days: | If LESS than 1 day, ... hrs. or ..... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Copper Works
11. Date deceased last worked at this occupation (month and year): 1931
12. Total time (years) spent in this occupation: 40
13. BIRTHPLACE (city or town) (State or country): Balto Md
14. NAME OF FATHER: James Downey
15. BIRTHPLACE (city or town) (State or country): Rockhall Md
16. MAIDEN NAME OF MOTHER: Simpson
17. BIRTHPLACE (city or town) (State or country): Rockhall Md
18. INFORMANT: Elmer W. Downey
(Address): 703 S. Linwood
19. BURIAL, CREMATION, OR REMOVAL: Place: Balto Cemetery Date: July 14 36
20. UNDERTAKER: Mullan Cook
(Address): 1617 St Paul St

JUL 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 — 36 to July 12 1936

I last saw him alive on July 12 1936 Death is said to have occurred on the date stated above, at 2 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	7-1-36
Other contributory causes of importance:	
Ulcers of Intestines	about 6 mo.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo Vogel M. D.

(Address) 700 S. Ellwood Ave City

25691 HEALTH DEPARTMENT—CITY OF BALTIMORE 25691

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N. Spring St. St. 5-1 Ward)

Registered No. 7130

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Franklin

If U. S. Veteran specify WAR European World War

(a) Residence: No. 627 N. Spring st., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retg Wrk. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Brown Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Emma Toles

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John A Brown

(Address) 205 W Read st

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 7/14 19 36

19. UNDERTAKER M M A Jackson

(Address) 916 Pennsylvania ave

FILED JUL 14 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1936 to 7-11 1936

I last saw him alive on 7-11 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis E. Harmon. M. D.

(Address) 2340 Madison Ave.

Dec.—8-16-29—L. F. S.—100 Blks.

5 to 10 am
6:30 to 8 PM

Dr Bubert 4803 Park Hts
Plum Uni 6430

HEALTH DEPARTMENT—CITY OF BALTIMORE

8-B F 25692

25692

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4208 Groveland Ave ST. 28-1 (WARD)

2—FULL NAME Helen Eugenia Jackson

(a) RESIDENCE NO. 4208 Groveland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Irving Jackson

6 DATE OF BIRTH (month, day, and year): May 23 1897

7 AGE: Years 39 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John A. Wachter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emma Fahlman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Mr Wm I. Jackson

(Address) 422 Lawkeg Norfolk Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12. 1936

17 I HEREBY CERTIFY, That I attended deceased from April 14 1936 to July 12 1936

that I last saw h[illegible] alive on July 12 1936

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) John A. Bubert M. D.

19 (Address) 4803 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: July 14 1936

20 UNDERTAKER: Chas. E. Doenecke

ADDRESS: 869 Madison Ave

Filed July 14 1936 19 [illegible]

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25693 | CERTIFICATE OF DEATH | F 25693

24-3 / 180

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

Length of residence in city or town where death occurred 35 yrs. 2 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Macon O'Neill Berry Jr.

(a) Residence: No. Ruxton, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, HUSBAND of Courtenaye Berry.

7. DATE OF BIRTH (month, day, year) April 19, 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Mason O'Neill Berry Sr.

14. BIRTHPLACE (city or town) (State or country) Columbus, Ga.

15. MAIDEN NAME Corrine Doyle.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Allison Mills Berry (brother)

(Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date July 14, 1936

19. UNDERTAKER Kenny Funeral Home Co.

(Address) 2 East Eutaw St.

20. FILED Huntington Ave. Registrar

JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns about the face and body from fire caused by an explosion.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? 514 S. Eutaw St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

7/13/36 (Address) 1017 S. Charles St.

25694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25694

CERTIFICATE OF DEATH

182-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Potomac St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Roder

If U. S. Veteran specify WAR

(a) Residence: No. 5 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or Race: W. | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced (or) WIFE of: John F. Roder

7. DATE OF BIRTH (month, day, year): Mar. 6- 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

13. NAME: August Schultz

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Weisheit

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John F. Roder
(Address): 5 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: 7/14 19 36

19. UNDERTAKER: John A. Inman
(Address): 3000 E. Balto St

20. FILED 19

JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11 36

22. I HEREBY CERTIFY, That I attended deceased from June 11 36 19 to July 11 36 19

I last saw h[illegible] alive on July 10 36 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardiac Decompensation	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grant Linder M. D.

(Address) 2936 E Balto

F 25695 STATE OF MARYLAND—CERTIFICATE OF DEATH F 25695

1. PLACE OF DEATH
County Baltimore (524 Hoffman Home) Registration Dist. No. 1108
Village or City Baltimore No. 1112 St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Pressbury Home
(a) Residence: No. 524 Hoffman St., Ward. Relair Howard Co. Md
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE Colred | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 6/8/1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	1	2	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. Md
(State or country)
13. NAME Jacob Foreman
14. BIRTHPLACE (city or town) Harford Co.
(State or country)
15. MAIDEN NAME Anna Williams
16. BIRTHPLACE (city or town) Harford Co.
(State or country)
17. INFORMANT Wm Washington
(Address) 524 Hoffman St
18. BURIAL, CREMATION, OR REMOVAL
Place Howard County Date 7/14, 1936
19. UNDERTAKER R. C. Richardson & Co.
(Address) 112 Howard St Balto

FILED JUL 14 1936

If ... State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 10 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 10, 1936; I last saw h... alive on July 10, 1936; death is said to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Pneumonia Lobar	July 6 1936
Other Contributory Causes of importance:	
Arteriosclerosis	" "

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. E. Howlett M. D.
(Address) 710 S. Clinton

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25696 — 25696

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mary Hospital St., H-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Blakney
(a) Residence: No. 126½ Market Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth (Gordon)

DATE OF BIRTH (month, day, year) 1-12-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	74	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown Md
13. NAME OF FATHER William Blakney
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Charlotte Robinson
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Emma Blakney
(Address) 1615 E. Oliver St.
18. BURIAL, CREMATION, OR REMOVAL Place Dawood Date 7/14/36
19. UNDERTAKER George J. Ruth Inc
(Address) 173- Hughes Ave
20. FILED 7/14/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Stroke	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Orrin B. Wallace M.D.
Coroner
(Address) 1031 St Paul St

5697

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25697

CERTIFICATE OF DEATH

Registered No. 9-5 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1452-Montpelier Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leanora DeBaufre

If U. S. Veteran specify WAR no.

(a) Residence: No. 1452-Montpelier Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of James F. DeBaufre

DATE OF BIRTH (month, day, year) 9/2/1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	9 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Ringrose

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah (?)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Benj. DeBaufre

(Address) 1452-Montpelier Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date 7/14/36. 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED Jul 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to July 17, 1936

I last saw her alive on July 17, 1936 Death is said to have occurred on the date stated above, at 1230 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	Jan 1931
Other contributory causes of importance: Heat Exhaustion	July 11 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas D. Edwards M. D.

(Address) 2746 Alameda

25698

HEALTH DEPARTMENT—CITY OF BALTIMORE

25698

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1643 Cliftview Ave. S-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Frances Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 1643 Cliftview St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Anderson

6. DATE OF BIRTH (month, day, year) Nov. 17, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland.

MOTHER

13. NAME Daniel Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Alice Mabrey

(Address) 1643 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pratt wood Date 7/15/36 19

19. UNDERTAKER George J. Ruth Inc

(Address) 1125 Hilton Ave

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to July 12, 1936

I last saw h alive on July 12, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3d
Hypostatic	3d
Bronchial Pneumonia	3d
Other contributory causes of importance: Chronic Interstitial Nephritis	3d

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? Urinalysis & Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. Fa Storms M. D.

(Address) 2878 Harford Rd

5699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 25699

CERTIFICATE OF DEATH

Y 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 E. Fairmount Ave. St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa M. Hughes

(a) Residence: No. 2317 E. Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. R. Hughes

7. DATE OF BIRTH (month, day, year) Aug. 1-1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Hoffman

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Eliza. M. Bennett

(Address) 2317 E. Fairmout Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date July 15/36

19. UNDERTAKER C. Miller Sons

(Address) 233 H Jefferson St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to July 12, 1936

I last saw h[illegible] alive on July 12, 1936. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri - sclerosis -	[illegible]
Diabetes Mellitus	
Other contributory causes of importance:	
Cerebral Hemorrhage	May 21/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, [illegible]

(Signed) Philibert Artigiani M. D.

(Address) 2942 Fayette St.

25700

U-2367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25700

Registered No. 23

1. PLACE OF DEATH Tuberculosis Division

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)

(If death occu... a hospital or in... give its NAME ... of street and numb...

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos.

If U. S. Veteran specify WAR

2. FULL NAME Sylvan Spriggs

(a) Residence: No. 2022 McCulloh St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) September 7, 1903

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	10	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Spriggs

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Josephine Clark

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date July 14 1936

19. UNDERTAKER Archibald R. Gaddes
(Address) 218 N. Eutaw St.

20. FILED ...19... Registrar.

14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from October 9th, 1934 to July 11th, 1936

I last saw him alive on July 11th, 1936 Death is said to have occurred on the date stated above, at 1.25 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1934
Tuberculosis of intestines	April 1936
Tuberculosis of kidneys	May 1936

Other contributory causes of importance:

Was an operation performed? ...Date of...

For what disease or injury? ...

Name of operation ...Date of...

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ...19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Lian H Feldman M. D.

(Address) Baltimore City Hospitals

25701 F 25701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 416 Mott St., St., 5-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Baby Love
(a) Residence: No. 416 Mott St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): S
6. If married, widowed, or divorced HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year) 7-9-36
AGE: Years | Months | Days: 4 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME Roland Love
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME Amelia Santos
16. BIRTHPLACE (city or town) (State or country): Cuba
17. INFORMANT Mrs Amelia Love
(Address) 416 N. Mott St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 7-14 1936
19. UNDERTAKER Bryant Daniel & Wright
(Address) 1241 Mc Elderry St.
Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 1936
22. I HEREBY CERTIFY, That I attended deceased from 7-11-36 19 to 7-13-36 19
I last saw her alive on 7-13-36 19 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	7-12-36

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis C. Hamm M. D.
(Address) 2340 Madison Ave.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25702 F 25702

CERTIFICATE OF DEATH

XX 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME Arthur J. Shipley

(a) Residence: No. Monumental Rd St., Ward. Fondsdown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Leocadia A. Shipley

6. DATE OF BIRTH (month, day, year) May 11-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dpt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Marshall Shipley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence ?

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Leocadia A. Shipley

(Address) Monumental Rd & Fondsdown

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 7/14 , 19 36

19. UNDERTAKER Edward Towers

(Address) 233 Gittings Ave

FILED JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
at Base of Skull	

Other contributory causes of Importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of Injury ..... 19 ....

Where did Injury occur? Catonsville Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sign painting a garage

Manner of Injury Fell off Scaffold.

Nature of Injury Fracture of base of skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While sign painting

(Signed) Thos. N. Phillips M. D.

Coroner

(Address) 1937 Edmondson Ave

25703

HEALTH DEPARTMENT—CITY OF BALTIMORE

25703

CERTIFICATE OF DEATH

122-a

#14787 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Lontz

(a) Residence: No. 736 S. Decker Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta (D)

DATE OF BIRTH (month, day, year) 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 14, 1936

19. UNDERTAKER George W. Sibley
(Address) 1737 E. Eager St.

20. FILED Huntington [illegible]
JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1936 to 7-11, 1936

I last saw h(im) alive on 7-11, 1936 Death is said to have occurred on the date stated above, at 5:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-9-36
Inguinal Hernia, Strangulated	6-20-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-20-36

For what disease or injury? Inguinal Hernia, Strangulated

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. H. Brantigan M. D.

(Address) Baltimore City Hosp.

M. D. B 1268-9

5704

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 180 T 25704

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Eutaw St. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 11 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Augusta M. Renner.

(a) Residence: No. 3021 O'Donnell St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 11, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month, day, year) 7/11/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME William A. Renner.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elizabeth Shorr.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William A. Renner. (father)
(Address) 3021 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 15, 1936

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St.

20. FILED JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull, struck by falling timber following an explosion. Body burned in fire.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

7/11/36 (Address) 1017 S. Charles St.

25705 HEALTH DEPARTMENT—CITY OF BALTIMORE 25705

CERTIFICATE OF DEATH

26-11 49-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 O'Donnell St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Lula Gross

(a) Residence: No. 3209 O'Donnell St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer A. Gross

DATE OF BIRTH (month, day, year) August 7, 1884.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg, Va.

13. NAME George F. Jackson.

14. BIRTHPLACE (city or town) (State or country) Leesburg, Va.

15. MAIDEN NAME Indiana V. Harding.

16. BIRTHPLACE (city or town) (State or country) Leesburg, Va.

17. INFORMANT Elmer A. Gross

(Address) 3209 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date July 15 1936

19. UNDERTAKER George W. Finkler

(Address) 1737 E. Eager St.

FILED JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1933 to July 12, 1936

I last saw h alive on July 12, 1936 Death is said to have occurred on the date stated above, at 4.35 p.m.

The principal cause of death and related causes of importance were as follows:

Vaginal Epithelioma — Date of onset 1932

Other contributory causes of importance

Lung Metastasis — June 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Amelia E. Link M. D.

(Address) 1717 N. Caroline St.

F 25706

MC 25706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3141 W. North Ave St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma F. Hubbard

(a) Residence: No. 3141 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L. Hubbard

6. DATE OF BIRTH (month, day, year) June 22-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	01	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date decedent last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emerdon Co Richmond Va

MOTHER FATHER

13. NAME Booker

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Patterson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Walter L. Hubbard

(Address) 3141 W. North ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date July 15, 1936

19. UNDERTAKER Josiah Syber

(Address) 2200 W. North ave.

JUL 14 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... on and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows: 6 days

	Date of onset
Epileptic fit	

Other contributory causes of importance: High blood pressure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C Hann Coroner, M. D.

(Address) 215 Hanover

F 25707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sanford Belt.

(a) Residence: No. 4117 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

6. If married, widowed, or divorced (or) WIFE of Margaret M. Belt.

DATE OF BIRTH (month, day, year) May 25. 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Ashland, Baltimore Co. Md.

13. NAME of Father Eli L. Belt.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Rachael Cross.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret M. Belt.

(Address) 4117 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem. Date July 15. 1936

19. UNDERTAKER Walter R. McFarren

(Address) 4114 Falls Road Huntington Baltimore, Md.

JUL 14 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-8-, 1936, to 7-12-, 1936

I last saw him alive on 7-12-, 1936 Death is said to have occurred on the date stated above, at 8,25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	7-8-36
Lobar Pneumonia.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-9-36

For what disease or injury? Ruptured Gastric Ulcer.

Name of operation Repair of Ulcer. Date of 7-9-36

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Frank Williams M.D.

(Address) Maryland General Hospital

F 25708

25708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. 11884

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 70-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Hughes (Joseph Pressley Hughes)

(a) Residence: No. 3158 ~~Stafford~~ Stafford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hughes

DATE OF BIRTH (month, day, year) October 12, 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kauffman

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Andrew Hughes

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Helen Roe

16. BIRTHPLACE (city or town) (State or country) D.C.

INFORMANT Mrs. Caroline Swope

(Address) Lansdowne Avenue

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 14 1936

UNDERTAKER Joseph H. Cook

(Address) 1003 E. Baltimore St.

FILED JUL 14 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 11 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 - 24 . 1936 to 7 - 11 . 1936.

I last saw h.im alive on 7 - 11 . 1936 Death is said to have occurred on the date stated above, at 1:60 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	?
Secondary Anemia	?
Acute Urinary Retention	1-10-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-20-36.

For what disease or injury? Acute Urinary Retention due to Benign Hypertrophy of Prostate

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) O. C. Brantigan M. D.

(Address) Baltimore City Hosp.

F 25709

25709 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Bagnall

(a) Residence: No. 1226 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) ? 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6006

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

13. NAME William Bagnall

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anne Gittins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records-Maryland Gen. Hosp.
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date July 14 1936

19. UNDERTAKER W. B. Cook
(Address) 1003 N. Baltimore St. Huntington Baltimore

FILED JUL 14 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 13, 1936
I last saw him alive on July 13, 1936 Death is said to have occurred on the date stated above, at 1:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/30/36

Other contributory causes of importance:

atherosclerosis of Coronary arteries	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Pistolesi M. D.

(Address) Md Gen. Hosp.

M. D. B. 1268-6

F 25710

25710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Harlem Ave. 16-2 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Thomas

(a) Residence: No. 1512 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widd

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Thomas

6. DATE OF BIRTH (month, day, year) 1867

7. AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

13. NAME Williams Allen

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Dinah Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanche Holliday

(Address) 1512 Harlem

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date July 14 1936

19. UNDERTAKER Samuel H. Chase & Son

(Address) 638 N. Eutaw

20. FILED 19 Huntington Williams Registrar.

JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8th 1936 to July 11th 1936

I last saw her alive on July 11th 1936 Death is said to have occurred on the date stated above, at 12 30 A.M.

The principal cause of death and related causes of importance were as follows:

Data of onset

Acute Prostration July 8 1936

Gastro Enteritis

Other contributory causes of importance:

Senile Debility 3 Weeks

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

Signed) Geo. W. Lauenbach M. D.

7-12-36 (Address) 2218 N. Eutaw

25711

HEALTH DEPARTMENT—CITY OF BALTIMORE

25711

CERTIFICATE OF DEATH

82 B

Registered No. 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Edmondson St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Catherine D. Carle

(a) Residence: No. 2520 Edmondson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of J. Frank Carle

7. DATE OF BIRTH (month, day, year) Feb. 26. 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Ferd. Fenneman

14. BIRTHPLACE (city or town) (State or country) germany

15. MAIDEN NAME Clara Meyers

16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMANT J. Frank Carle
(Address) 2520 Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date July 15 1936

19. UNDERTAKER Margaret D. Fletcher
(Address) 2107 N. Hilton St

JUL 14 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935 to July 12, 1936

I last saw h.e. alive on July 12, 1936 Death is said to have occurred on the date stated above, at 10.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	6.6.36
Paralysis	M.
Cerebral Softening	1930
Other contributory causes of importance: Dementia	1932

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton P. Hill M. D.

(Address) 4531 Roslyn Rd

M. D. B. 1268-9

25712

VF 25712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 10-234-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Pen. Hosp. St. 10-2 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Bell

(a) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye plant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

FATHER

13. NAME Thomas Bell
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Hall
16. BIRTHPLACE (city or town) (State or country) Blackstone, Va

17. INFORMANT Deceased's Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date July 15 1936
Mt. Lebanon Cemetery

19. UNDERTAKER Hackett-Haskins Funeral Parlors
(Address) 1 W. Saratoga St.

4 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15-24 1936, to July 13th 1936

I last saw him alive on July 13th 1936 Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feby 1932
	1935

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Aubrey M. D.

(Address) Temple Court Apts.

F 25713

F 25713

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Port St. St. 9-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Conrad Frank

(a) Residence: No. 625 N. Port St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kunigunda Frank

DATE OF BIRTH (month, day, year) July 28 -1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper At

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kimball & Tyler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kunigunda Frank (Wife)

(Address) 625 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 15 1936

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED JUL 14 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to July 12 1936

I last saw h[illegible] alive on July 11 1936 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	3mos
Other contributory causes of importance: Chronic Nephritis	1 yr

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Wm. Luhr M. D.

(Address) 1279 Hillsdale

F 25714

25714 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211 Kenwood Ave St., 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Magdalen Willstadt

(a) Residence: No. 4211 Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Willstadt

DATE OF BIRTH (month, day, year) Sept 12 - 1906

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	29	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Conrad Winterling

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Jeannie Buettner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Willstadt (Husband)

(Address) 4211 Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart July 16 36

19. UNDERTAKER Tally & Sheridan

(Address) 403 Park Ave

20. FILED Huntington Hallowell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 19.. to 7/12/36 19..

I last saw h.. alive on 7/12/36. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hyde & Hyde M. D.

(Address) 5103 Harford Rd

M. 25715 ✓ F 25715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Levy

(a) Residence: No. 1714 N. Smallwood Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Julius

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Silberman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah Silberman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Sinai Cem. Date 1-16-36

19. UNDERTAKER Jacob Levin Bro.

(Address) 1434 E. Baltimore St.

20. FILED JAN 16 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation. — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

Kahn ✓

F 25716 F 25716

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Bayard St. 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. 20 mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Kahn

(a) Residence: No. 1117 Bayard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME William Kahn

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Freda Glass
(Address)

18. BURIAL, CREMATION, OR REMOVAL Edward Hergig Dup Date 7-14-36 19

19. UNDERTAKER J. B. E. Lewis Mfg. Co.
(Address)

20. FILED ..... 19 ..... Registrar

7-14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13-36 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to July 13, 1936

I last saw h[illegible] alive on July 13, 1936. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson Syndrome	

Other contributory causes of importance:

Heart Failure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) David Feuer M. D.

7/14/36 (Address) Medical Arts Bldg

F 23717 ✓ F 25717.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 120 W. Biddle St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Cromwell

(a) Residence: No. 120 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

6. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ WIFE of —

DATE OF BIRTH (month, day, year) —

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1070

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME U. H. Cromwell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hedwig Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Son
(Address) 120 W Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date July 15 1936

19. UNDERTAKER Edw. C. Wilson
(Address) 1203 Brantley ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30 1936 to July 13 1936

I last saw her alive on July 12 1936 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark Cromwell M. D.

(Address) 627 Lexington

25718 HEALTH DEPARTMENT—CITY OF BALTIMORE 25718

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Calhoun St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca Garner

(a) Residence: No. 927 Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Garner

DATE OF BIRTH (month, day, year) ?-?-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 6-15 36

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

13. NAME Henry Clark

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

15. MAIDEN NAME Mary Gault

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Robert Garner Jr.
(Address) 1808 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery St Marys County Date 7/16 1936

19. UNDERTAKER Robert A Young
(Address) 804 N. Caroline St.

20. FILED 7/14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-16 1936 to 7-13 1936

I last saw her alive on 7-12 1936 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-16-36

Other contributory causes of importance:

Hypertension Nephritis + uremia several years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab and physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank A Saunders M. D.

(Address) 1029 Sherwood Av

25719 ✓ F 25719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH 2205 W. Lexington St. 90-26

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Swindell Armstrong

(a) Residence: No. 2205 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lula Louise

DATE OF BIRTH (month, day, year) Nov. 12, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe-fitting Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & electric Co

10. Date deceased last worked at this occupation (month and year) July 1936 | 11. Total time (years) spent in this occupation 37 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm J Armstrong

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Henrietta Swindell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lula L. Armstrong

(Address) 2205 W. Lex. St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 17, 1936

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED JUL 14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1935, to July 14, 1936.

I last saw him alive on July 13, 1936. Death is said to have occurred on the date stated above, at 5:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	1936
Cachexia	
Other contributory causes of importance:	
Carcinoma of Lt. Lung	1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Typical findings. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Gabriel M. D.

(Address) 447 N. Kenwood Ave.

M. D. 25720

25720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 21-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia K. Finnegan

(a) Residence: No. 5209 Ethelbert Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Finnegan

6. DATE OF BIRTH (month, day, year) Dec. 11, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Jas. R. White

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Parker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jas. A. Finnegan

(Address) 5209 Ethelbert Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 15, 1936

19. UNDERTAKER William J. Dukner & Sons

(Address) North & Penna. Ave.

20. FILED JUL 14 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2757 N. Monroe St

✓ F 25721

25721 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-2 106-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Stricker st. St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Johann Neuberth

(a) Residence: No. 107 N. Stricker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary B. Koerner

DATE OF BIRTH (month, day, year) Feb. 10/1855.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Casper Neuberth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Mayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Christian Starke
(Address) 107 N. Stricker st.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 15 1936

19. UNDERTAKER Fred. H. Young & Son
(Address) 216 S. Eutaw St.

FILED 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 12. 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from May 26/1936. 19 ... to July 12/1936. 19 ...

I last saw him alive on July 12/1936 19 ... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterio Sclerosis	Unknown
Other contributory causes of importance:	4 Weeks
Chronic Senile Bronchitis.	

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury No 19 ...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Davis Clark M. D.

(Address) 953 Hanover st.

25722 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25722

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635. Fait Ave. St., 1-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bronislawa Hartka

(a) Residence: No. 2635 Fait. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Hartka

DATE OF BIRTH (month, day, year) Sept ?/1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9 10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Does work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Peter Szamborski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James Hartka (Hus.)
(Address) 2635 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanaslaus Date July 16. 1936

19. UNDERTAKER Tilly & Zulewski
(Address) 1605 S. Bolton St.

JUL 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 13/36. 19

22. I HEREBY CERTIFY, That I attended deceased from October 3 1935 to July 13 1936

I last saw h. alive on July 13 1936. Death is said to have occurred on the date stated above, at 6/45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/13
Other contributory causes of importance: Chronic myocarditis	unk
" Arteritis	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Frank A. Szamborski M. D.

(Address) 2431 Fait Ave

5723 F 25723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 879 Park ave St. 11-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie E. B. Harrell

(a) Residence: No. 879 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ephraim W. Harrell

DATE OF BIRTH (month, day, year) June 26, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73		6 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Writer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Journal Pub

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Japan

13. NAME James H Ballagh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Kinnear

16. BIRTHPLACE (city or town) (State or country) Ire

INFORMANT Margherita Swann

(Address) 879 Park ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 15, 1936

UNDERTAKER Ellis S. White

(Address) 250 N Madison Ave

FILED Huntington Woods

JUL 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to July 13 1936

I last saw h alive on July 12 1936 Death is said to have occurred on the date stated above, at 3 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Exhaustion	
Dilated Heart	
Cerebral Hemorrhage	

Other contributory causes of importance: Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H A Pearce M. D.

(Address) 2105 Eutaw St

M. H. No. 1936 F 25724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 87-a

1. PLACE OF DEATH West Baltimore Gen. Hospital, 30 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace F. (Miller)

(a) Residence: No. 2002 W. Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Miller

6. DATE OF BIRTH (month, day, year) March 27 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Blackenberg

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William B. Miller Jr.
(Address) 1905 Christian St.

18. BURIAL, CREMATION, OR REMOVAL
Place 7/15/36 Date Gordon Plt. 19

19. UNDERTAKER Henry H. Waltze
(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Washington Millard Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 9:15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Hann M. D.
Coroner

(Address) 1213 Hanover

F 25725

F 25725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

826 W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 E. 21st St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNIE HOYLE

(a) Residence: No. 508 E. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George J. Hoyle

DATE OF BIRTH (month, day, year) Mar. 1, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Philip Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Devine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Carmelita Hoyle
(Address) 508 E. 21st Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 17 1936

19. UNDERTAKER Chas. H. Grave Son
(Address) 118 West Royal Ave

Filed JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936 to July 13 1936
I last saw her alive on July 13 1936. Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Art. sclerosis	
Hypostasis	
Other contributory causes of importance:	
Cerebral Hemorrhage	July 10

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sheldon Moxley M. D.

(Address) Med. Arts Bldg.

. D. B. 1268-9

F 25726

5726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2866 Pelham Ave. St. 27-1 (Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 51 yrs. ... mos. ... ds.

2. FULL NAME WILHELMINA HENSLER

(a) Residence: No. 2866 Pelham Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Hensler

DATE OF BIRTH (month, day, year) Jan. 27. 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. James Aylmer (Daughter)
(Address) 2866 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date July 16. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED JUL 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from July . 1935. to July 13 . 1936
I last saw her alive on July 13 1936 Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	
Cerebral Hemorrhage	
Hypertension	

Other contributory causes of importance:

Obesity	
Heart Prostration	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter A Anderson M. D.

(Address) 3201 Sharon Drive

M. [illegible] 25727

F 25727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 600 S. Wolfe St. 2-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HENRY C. SCHULTE

If U. S. Veteran specify WAR .....

(a) Residence: No. 600 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Dec. 10. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Christian M. Schulte

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Howe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. August W. Schulte

(Address) 600 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date July 15. 1936

Place

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

25728

F 25728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Cochran

(a) Residence: No. Union Memorial Hospital St., Montebello Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 20 - 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	23 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant dead

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Leo Cochran

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hazel Adelia Orr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Leo Cochran
(Address) Manchester, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cemetery Date July 15 36

19. UNDERTAKER E. S. Kuehnle Son
(Address) Taneytown Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936 to July 15 1936

I last saw him alive on July 15 1936 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus — Date of onset Birth
Spina Bifida

Other contributory causes of importance: malnutrition — Birth

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Leslie Fleming M. D.

(Address) Union Mem. Hosp.

F 25729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25729

CERTIFICATE OF DEATH

√59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1905 E. 29th St., 9-6 Ward)
Length of residence in city or town where death occurred 71 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fredericka M. B. Geyer — If U. S. Veteran specify WAR .....

(a) Residence: No. 1905 E. 29th St, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles P. Geyer (deceased)

DATE OF BIRTH (month, day, year) Aug 2, 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME John Koerber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Goetz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adam Geyer
(Address) 1322 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date July 15, 1936

19. UNDERTAKER Charles G. Black
(Address) 742 W. North Ave.

20. FILED ..... 19... Registrar. Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, to July 13, 1936. I last saw her alive on July 13, 1936. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	unknown
Right Hemiplegia	
Other contributory causes of importance:	
Arteriosclerosis	
Diabetes Mellitus	

Was an operation performed? No. Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place —
Manner of injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H. Boyer Ehrhart, M. D.
(Address) 1136 Eutaw

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

5730 — F 25730

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2927 W. North ave St., 5-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Callier — If U. S. Veteran specify WAR No Record

(a) Residence: No. 2927 W. North ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Callier

6. DATE OF BIRTH (month, day, year): Jan 25 1870

7. AGE: 66 Years | Months 5 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: A. C. Steamship Co

10. Date deceased last worked at this occupation (month and year): 11/35

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Talbot Co. Md.

FATHER

13. NAME: Skinner Callier

14. BIRTHPLACE (city or town) (State or country): Talbot Co. Md.

MOTHER

15. MAIDEN NAME: Sarah Pinnington

16. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

17. INFORMANT: Martha Callier
(Address): 2927 W. North ave

18. BURIAL, CREMATION, or REMOVAL: Interred
Place: Mt Olivet Md Date: July 15th 1936

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED: JUL 15 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11.26 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Angina Pectoris	
2.	
3.	
4.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
Coroner
(Address) 1215 Hanover

. D. B 1265-9

25731 F 25731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

ength of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lennie R. Crapper

If U. S. Veteran specify WAR No record

(a) Residence: No. 1600 N. Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas R. Crapper

DATE OF BIRTH (month, day, year) Nov 19 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME George Cardock

14. BIRTHPLACE (city or town) Balto (State or country) Md.

15. MAIDEN NAME Anna Cunningham

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Thomas R. Crapper

(Address) 1600 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 16th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest I find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	1

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1010 [illegible]

M. D. P. 1268-9

25732 HEALTH DEPARTMENT—CITY OF BALTIMORE 25732

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Zora Ruby

(a) Residence: No. 504 W. 27th St. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John George Ruby

6. DATE OF BIRTH (month, day, year) March 22, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md.

13. NAME Dennis Palmer.

14. BIRTHPLACE (city or town) (State or country) Md. Baltimore Co.

15. MAIDEN NAME Mary Ellen Diffendaffer

16. BIRTHPLACE (city or town) (State or country) Md. Baltimore Co "

17. INFORMANT Mrs Marion Corcoran.

(Address) 215 W 25th Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Pine Grove Cath Co Date July 16, 1936

19. UNDERTAKER Chenoweth

(Address) 3615-17 Elerland Ave.

20. FILED JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/12, 1936, to 7/14, 1936

I last saw her alive on 7/14, 1936 Death is said to have occurred on the date stated above, at 12:41 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia - Acute Myelogenous	8-10 wks ago

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Sellers M. D.

(Address) Womans Hospital

M. D. B 1268-9

F 25733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓186-a F 25733

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellsworth Merson

(a) Residence: No. 735 McHenry St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) July 29, 1917

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	18	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Merson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eva Allen

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harry Merson
(Address) 735 McHenny St

18. BURIAL, CREMATION, OR REMOVAL
Pikesville Hump Cem. Date July 14, 1936

19. UNDERTAKER Chesnoes Bros.
(Address) 2615-17 Eastern Ave.

20. FILED JUL 15 1936 Huntington Wallace Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 2-3-4-5 Cervical Vetebra	

Other contributory causes of importance: .....

Was an operation performed? Yes Date of July 12, 1936

For what disease or injury Fracture Vetebra

Name of operation Laminectomy Date of July 12

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 12, 1936

Where did injury occur? Smiths Pier Jones Creek Balto. Co., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Dived into shallow water (18in)

Nature of injury Fracture Vetebra

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. H. O'Malley M. D.
Coroner

(Address) 2707 W. North Ave

25734 HEALTH DEPARTMENT—CITY OF BALTIMORE 25734

CERTIFICATE OF DEATH V 82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 906 Harlem St. 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Wally Collins
(a) Residence: No. 936 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Collins

DATE OF BIRTH (month, day, year) March 4 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME John Collins
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Nancy Evans
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT Ella Collins
(Address) 936 Harlem Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Memorial Cem Date July 17 1936
19. UNDERTAKER Thomas F. Wilson
(Address) 1323 Pennsylvania Ave

19 ..... Registrar

JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10 1936 to July 14 1936
I last saw him alive on July 14 1936 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis	July 14
(b) Senility	July 14
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? ..... Date of .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Geo. Hamilton M. D.
(Address) 1 E. Lexington St

F 25735

F 25735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. H-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Meyer

If U. S. Veteran specify WAR

(a) Residence: No. 160 N. Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Unknown

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Packing House

10. Date deceased last worked at this occupation (month, day, year): 6/1/36

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: A. E. Henze

(Address) 331 Essex Ave Glen Burnie

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Park Date July 15 1936

19. UNDERTAKER: Eastern Boy

(Address) Allegheny Ave Baltimore Md

FILED JUL 15 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-14-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-30-36, 19..., to 7-14, 1936.

I last saw him alive on 7-14, 1936. Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Chronic myocarditis	
Cardiac insufficiency	
Other contributory causes of importance:	
Bronchopneumonia	
Septicemia ? hemolytic streptococcus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

25736 25736

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 W Lafayette Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Marie Bechert

If U. S. Veteran specify WAR

(a) Residence: No. 1825 N. Whitmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George H. Bechert

DATE OF BIRTH (month, day, year) Oct. 5, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Wife

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael J. Preston

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

15. MAIDEN NAME Emma M. Von Weber

16. BIRTHPLACE (city or town) (State or country) Elberfeld Germany

17. INFORMANT Miss A. Margaret Bechert

(Address) 1825 N. Whitmore

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 16 1936

19. UNDERTAKER Easter Sons Ellicott

(Address) Huntington Williams

20. FILED OCT 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) January 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to July 11, 1936

I last saw her alive on July 11 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic rheumatic endocarditis	1890?
Chronic myocarditis & myocardial degeneration,	1915?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

(Signed) Charles F. Mohler, M. D.

(Address) 4715 Roland Ave.

F 25737 F 25737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 843 Wellington St. 13-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cornelia E. Campbell — If U. S. Veteran specify WAR .....

(a) Residence: No. 843 Wellington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 30, 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester, Md.

13. NAME Jacob Campbell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elizabeth Shower

16. BIRTHPLACE (city or town) (State or country) Manchester, Md.

17. INFORMANT Miss Elizabeth Campbell
(Address) 843 Wellington Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date July 16, 1936

19. UNDERTAKER George L. Boyer Jr.
(Address) 1512 Hollins St.

JUL 15 1936 Registrar's No. 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933 to July 14, 1936

I last saw her alive on July 14, 1936 Death is said to have occurred on the date stated above, at 2:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and Arteriosclerosis	7.4.33 Indef.
Other contributory causes of importance: Exhaustion	7.12.36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
(If so, specify.)

(Signed) R. L. Compere M. D.

(Address) 1644 Hanover Street

D. B. 1268-9

F 25738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25738

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. CHURCH HOME - INFR. St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MR HERMAN ROESSEL

(a) Residence: No. 5502 HAMMETT St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) MAR 30 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John Roessel

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Catherine Frank

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Elizabeth Hunter
(Address) 5504 Hammett Ave

BURIAL, CREMATION, OR REMOVAL

Place Furnwood Cem Date July 16 1936

UNDERTAKER Martin V. P. Kappel
(Address) 372 Ann St.

FILED ... 19... Huntington Williams
Registrar.

JL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8-36, 19... to 7-15-36, 19...

I last saw HIM alive on 7-15-36, 19... Death is said to have occurred on the date stated above, at 12:03 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PYELONEPHRITIS	
UREMIA	

Other contributory causes of importance:

HYPOSTATIC PNEUMONIA	

Name of operation APPENDECTOMY Date of 5-8-36

What test confirmed diagnosis? ... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ...

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infr

F 25739

25739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 89-B

Registered No. 11-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore Eye, Ear & Throat Hospital (Ward) Eastern Place

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Horace D. Spurrier (World War Veteran)

(a) Residence: No. Gaither Maryland St., Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed or divorced WIFE of (or HUSBAND of) Emma L. Spurrier

DATE OF BIRTH (month, day, year) May 5, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co. Main Line Fairfax

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Plain Dealing Maryland.

13. NAME Jesse F. Spurrier

14. BIRTHPLACE (city or town) (State or country) Plain Dealing Maryland.

15. MAIDEN NAME Mary Weishaar.

16. BIRTHPLACE (city or town) (State or country) Woodsboro Md.

17. INFORMANT Family (Address) Gaither Md.

18. BURIAL, CREMATION, OR REMOVAL MARVIN CHAPEL Cem. Date July 17 1936

Place

19. UNDERTAKER Hess & Hope Funeral Home (Address) Sykesville, Md.

Huntington Williams

Registrar.

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to July 15 1936

I last saw him alive on July 15 1936 Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

Acute Mastoiditis (Right) — Date of onset Mch 17th (approx)

Other contributory causes of importance:

Brain Abscess — Mch 17 (?)

Rt mastoidectomy. Mch 30 '36

Name of operation Drainage of Brain Abscess Date of April 1, 1936

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Edwin Knowles Jr. M. D.

(Address) Balto. Eye, Ear & Throat Hospital

25740 ✓ F 25740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH St Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., 19-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mr. Edward Reynolds, If U. S. Veteran specify WAR

(a) Residence: No. 434 S. Parrish St. Ward.
(Usual place of abode) Balt. Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 27 1883

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
53		20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 082

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James E Reynolds

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Elizabeth Goudy

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs James Dorlin
(Address) 434 S Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 7/17/36

19. UNDERTAKER Eugene Tagley
(Address) Fulton & Fayette

20. FILED 19 Huntington Phillips MD
Registrar.

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1936 to 7-14, 1936

I last saw him alive on July 14, 1936 Death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of Big Toe Left Foot	
Gangrene Left	1932
Other contributory causes of importance:	
Lung abscess on RT following an infection post operatively	6-21-36

Was an operation performed? Yes Date of

For what disease or injury? Osteomyelitis

Name of operation amputation Toe Date of 6-18-36

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ✓

Manner of injury ✓

Nature of Injury

24. Was ~~disease~~ or injury in any way related to occupation of deceased? No If so, specify

(Signed) F Whyte M. D.

(Address) St Agnes Hospital

25741 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25741

CERTIFICATE OF DEATH 12052

34-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occured 1911 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Boots

(a) Residence: No. 700 Princeton Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3-1-85

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	12 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Jenny Boots

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Records of Balto City Hospitals.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Cem Md. Date July 15 1936

UNDERTAKER Archibald E. Ruddy
(Address) 214 McCulloh St.

FILED JUL 15 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 12, 1936, last saw her alive on July 12, 1936. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency syphilitic	3 yrs ago.
Myocardial insufficiency	3 wks ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

M. D. No. 25742

F 25742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Meadowbrook Road St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Leonard Luca

(a) Residence: No. 608 N Robinson St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 03

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bald Mt

FATHER

13. NAME Chas Luca

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Mazzuffe

16. BIRTHPLACE (city or town) (State or country) Bald Mt

17. INFORMANT Peter Luca

(Address) 3121 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 16 1936

19. UNDERTAKER Frank V. Pipitone

(Address) 2518 E. Baltimore St

20. FILED July 17 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insuffic.	7-12-36
Prolonged resuscitation by Constant repeated diving in Swimming Pool	7-12-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? Bald Mt. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Prolonged resuscitation in Swimming Pool

Nature of Injury Damaged heart.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edw Hergenhan M. D.

Coroner

(Address) Coroner

F 25743

D. B. No. 25743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 514 S. Eutaw St. St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Bathell.(c)

(a) Residence: No. 2422 Francis St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, HUSBAND of Bertha Bathell(c)

DATE OF BIRTH (month, day, year) July 22, 1892

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.L. Webb Co.

10. Date deceased last worked at this occupation (month and year) 7/11/36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Norman Gordon(c) soninlaw.

(Address) 2422 Francis St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date 7/15/36 19

19. UNDERTAKER Mrs. George E. Holland

(Address) 163 Daniel Hillsd

20. FILED ..... 19 ..... Registrar. Starting for Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suffocation in fire caused by an explosion. Body burned in fire.

Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? 514 S. Eutaw St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt M. D.

7/13/36 (Address) 1017 S. Charles St. Attendant

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25744

CERTIFICATE OF DEATH

191 F 25744

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 6-1 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Carter Collins

(a) Residence: No. 809 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Collins

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Edenton N.C
(State or country)

FATHER

13. NAME Emanuel Skinner

14. BIRTHPLACE (city or town) N C
(State or country)

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) N C
(State or country)

17. INFORMANT Robert Collins
(Address) 809 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 17, 1936

19. UNDERTAKER Mrs Katie A Williams
(Address) 324 Lafayette St

20. FILED JUL 15 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 13 1936

Other contributory causes of importance:
Heat Exhaustion —

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Collins M. D.
Coroner

(Address) 507 Lanvale St

M. D. B 1268-9

F 25745

5745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 411 N. Fremont St. St., 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Brooks

(a) Residence: No. 411 NFremont St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizah Brooks

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Thom Brooks

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Isaha Edmondson
(Address) 411 N. Fremont St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 16, 19 36

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Schroeder St.

20. FILED JUL 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Heat Prostration	
(Exhausting	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin . Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) M. D.
Coroner

(Address) 2757 W. Lan

F 25746

25746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Eutaw St. St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME West E. Jefferson. (c)

(a) Residence: No. 413 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3. If married, HUSBAND of (or WIFE of) Mary Jefferson. (c)

DATE OF BIRTH (month, day, year) January 24 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Saw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. L. Webb Co.

10. Date deceased last worked at this occupation (month and year) 7/11/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ackron, S. C.

13. NAME West Jefferson. (c)

14. BIRTHPLACE (city or town) (State or country) Aikens South Carolina

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary Jefferson. (c) wife.
(Address) 413 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place Aikens, S.C. Date July 22, 1936

19. UNDERTAKER Mrs Lottie R Williams
(Address) 32-N Schroeder St.

FILED JUL 15 1936 Registrar. Mrs Lottie R Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation in fire caused by an explosion. Body burned in fire.	

Other contributory causes of importance: none

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/11, 1936

Where did injury occur? 514 S. Eutaw St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury as above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto E Reinhardt M. D. Coroner

7/13/36 (Address) 1017 S. Charles St.

M. D. 25747.

F 25747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH 2447 N. Charles St

CITY OF BALTIMORE: (No. ..... St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles E. Addison

(a) Residence: No. 412 Lyndhurst St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Addison

6. DATE OF BIRTH (month, day, year) Oct. 15, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Dress Shop

10. Date deceased last worked at this occupation (month and year) July 1936.

11. Total time (years) spent in this occupation 6 mo.

12. BIRTHPLACE (city or town) (State or country) Bucto. Md

MOTHER FATHER

13. NAME Wm W Addison

14. BIRTHPLACE (city or town) (State or country) Bucto. Md

15. MAIDEN NAME Susan Adler

16. BIRTHPLACE (city or town) (State or country) Bucto. Md

17. INFORMANT Mrs. Anna M Addison

(Address) 412 Lyndhurst

18. BURIAL, CREMATION, OR REMOVAL

Place Our Cathedral Date 7/17 1936

19. UNDERTAKER Jno W Little

(Address) 710 Edmondson Ave

20. FILED JUL 15 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
due to	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas B. Mallory M. D.
Coroner

(Address) 631 St Paul St

25748

✓ F 25748

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 20-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna Sherman, Schuermann If U. S. Veteran specify WAR .....

(a) Residence: No. 2040 Wilkens Ave St., ... Ward. .....
(Usual place of abode) Balt. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Henry J. Schuermann

DATE OF BIRTH (month, day, year) July 4, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	—	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter Nolan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Sheeran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary F. Schuermann

(Address) 2040 Wilkins ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral July 17 1936

19. UNDERTAKER Frederick A. Cole

(Address) 1705 E. Lombard St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-12-, 1936, to 7-13, 1936

last saw her alive on July 13, 1936 Death is said to have occurred on the date stated above, at 5.57 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio-vascular Disease.	?
Cerebral Thrombosis.	7/1/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Llewelyn M. D.

(Address) St. Agnes Hospital.

F 25749

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F 25749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Pine St. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Graves

(a) Residence: No. 221 N. Pine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Graves

6. DATE OF BIRTH (month, day, year) Oct 17 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known Eastern Shore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Micheal Graves
(Address) 221 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dutch Hill Cem. Date July 16 1936

19. UNDERTAKER Mrs. P. A. Elliott-Daughter
(Address) 109 N. Carrollton Ave

20. FILED JUL 15 1936 H. Eston Pilliod Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. C. Mullen M. D.

(Address) 2757 N. Charles St

M. 25750

F 25750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 15-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bridget Graney

(a) Residence: No. 1636 Hulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Graney

6. DATE OF BIRTH (month, day, year): 1846

7. AGE: Years 90 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James O Shea
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: John Graney
(Address) 1205 N. Hulton

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 7/16 1936

19. UNDERTAKER: Henry W. Kuebler
(Address) 1 [illegible]

20. FILED: [illegible] Registrar
JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence obtained by said ..... find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Hypostatic	
Fractured Hip (Rt.)	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
(Accident,) suicide, or homicide? Yes Date of injury June 25 1936

Where did injury occur? Hulton Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hulton Ave Public

Manner of injury Fell on Street

Nature of injury Rt. Hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin B Wallace M. D.
Coroner

(Address) 1031 St Paul St

25751

✓ F 25751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Edgewood Road. St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J. FREDERICK RYAN.

(a) Residence: No. 3612 Edgewood Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M. Ryan

7. DATE OF BIRTH (month, day, year) February 7th. 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6 5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lowell Mass

13. NAME James Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jeanette Gilmor

16. BIRTHPLACE (city or town) (State or country) Lowell Mass

17. INFORMANT Jennie M. Ryan
(Address) 3612 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Waltham Mass. Date July 16th. 1936

19. UNDERTAKER Chas. F. Sauerhoff
(Address) 1501 Mt. Royal Ave.

Filed 1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14th. 36

22. I HEREBY CERTIFY, That I attended deceased from April 1935, 19, to 7/14/36, 19

I last saw him alive on 7/14/36, 19 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Tuberculosis	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. Brady, M. D.

(Address) 30 Dartmouth St

F. 25752

F. B 25752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-8

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. B & O R.R. private not in any 4800 Locks cor. Edgerton Ave. St., 56-44 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Butterfield

(a) Residence: No. 127 N. Janney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18 - 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor, coat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Thomas Butterfield

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jane Gleaby

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edw. Butterfield Brother
(Address) 127 N. Janney St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 16 - 193

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 703 S. West St. Huntington Pittsburgh

20. FILED ..... 19 ..... Registrar.

151936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed abdomen & pelvis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 13, 1936

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place B & O - Tunnel 4300 E. Fayette St.

Manner of injury run over by train

Nature of injury Body cut in half at waist

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) N. [illegible] Wright M. D.
Coroner

(Address) 1010 E. Fayette St.

25753 V F 25753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Cedardale Road St., 15-11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Gunzelman

(a) Residence: No. 3410 Cedardale Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Geo. Gunzelman

6. DATE OF BIRTH (month, day, year) June 23 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Casper Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Blum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Hartman

(Address) 3410 Cedardale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 16 19 36

19. UNDERTAKER Tully & Fuller Sons

(Address) 7001 Harford Road

Stanton Williams Registrar

FILED ..... 19 ..... JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4 1935 to July 13 1936

I last saw her alive on July 12 1936 Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cardiac End of Stomach	
Chronic Emphysema	1935
Other contributory causes of importance:	
Pyuria.	
Anasarca	1936
Uremia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward L. Cook M. D.

(Address) 413 N. Washington

F. D. 25754

F 25754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Emerg. Hosp. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Riggle

(a) Residence: No. 2360 Warwick Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year): July 14 1936

8. AGE: Years ..... Months ..... Days 1 hr. If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Riggle

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Burgess

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Geo. C. Riggle
(Address) West Balto. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place N. W. Mem'l Chapel Date July 15, 1936

19. UNDERTAKER .....
(Address) .....

20. FILED: JUL 15 1936 Registrar. 2458

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to July 15, 1936

I last saw h. live on July 14, 1936 Death is said to have occurred on the date stated above, at 7:12 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

6½ Mos.

Other contributory causes of importance:

Placenta accreta

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D'Alessio M. D.

(Address) West Balto Gen'l Hosp

M. D. B. 1268-9

F 25755

F 25755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210M

Registered No. 16-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., (Ward)

Length of residence in city or town where death occurred 79 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George T. Wilkins Jr.

(a) Residence: No. 2314 Harlem Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Talbott

7. DATE OF BIRTH (month, day, year) Sept. 21, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cordage & Twine Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER'S FATHER

13. NAME George T. Wilkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Eliza -------

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Mrs. N. C. Black

(Address) 4013 Norwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 7/16 36

19. UNDERTAKER Henry U. Myers & Son

(Address) 5-7 N. Calvert St.

FILED JUL 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypostatic Pneumonia	7/3/36
Due to Dislocated Hip	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/3 19 36

Where did accident occur? Harford & Good Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto collision between 2 cars

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Gurley M.D. M. D.
Coroner

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

25756 F 25756

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1410 School St. 15-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace Holland

(a) Residence: No. 1410 School St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

3. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Richard Holland

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Moses Banks

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard Holland

(Address) 1410 School

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters, Date July 16 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1300 Pennsylvania Ave

20. FILED JUL 16 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to July 14, 1936

I last saw her alive on July 13, 1936. Death is said to have occurred on the date stated above, at 1a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

M. D. B. 1268-9.

F 25757 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25757

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital (Ward) 74

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roberta Ellerson

(a) Residence: No. 1602 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23, 1879

7. AGE: Years 56 | Months 10 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Andrew Roy Ellerson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rebecca Lewis Storrs

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Charles Wallace

(Address) 304 Oakdale Rd. Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va. Date July 16, 1936

19. UNDERTAKER Chas. O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED JUL 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to July 14, 1936.

I last saw her alive on July 14, 1936. Death is said to have occurred on the date stated above, at 4 30 p. m.

The principal cause of death and related causes of importance were as follows:

Agranulocytosis — Date of onset July 10 1936

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. P. Sellers, M. D.

(Address) Woman's Hospital

25758 HEALTH DEPARTMENT—CITY OF BALTIMORE 25758

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 O'Donnell St., 26-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Smith

(a) Residence: No. 3320 O'Donnell St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Smith

DATE OF BIRTH (month, day, year) June 26, 1872.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	1 0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jackson, Md.
(State or country)

13. NAME Elijah Jackson,

14. BIRTHPLACE (city or town) Jackson, Md.
(State or country)

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT James R. Smith,
(Address) 3320 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 17, 1936

19. UNDERTAKER George W. Zilken
(Address) 1737 E. Eager St.

FILED JUL 16 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1928, to July 14, 1936

I last saw her alive on July 13, 1936. Death is said to have occurred on the date stated above, at 4.30 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1928
Other contributory causes of importance:	
Cardiac asthma.	1928
Ch. Nephritis Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J S Harding, M. D.

(Address) 4810 Belair Rd.

5759 F 25759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Holmes ave 13-4 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELIAS PETTS

If U. S. Veteran specify WAR

(a) Residence: No. 3412 Holmes ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Fricker

DATE OF BIRTH (month, day, year) Nov 16 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Manufacturer

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) England

13. NAME James Petts

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah Ann Wall

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Violet M. Petts

(Address) 3412 Holmes ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 16 1936

19. UNDERTAKER Henry H. Rinkins Sons Co

(Address) McCulloh & Eutaw Sts

20. FILED 16 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13 1936

22. I HEREBY CERTIFY That I attended deceased from June 24 1936 to July 13 1936

I last saw h alive on July 13 1936 Death is said to have occurred on the date stated above, at 8 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
Arterio Sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E. Wilson M. D.

(Address) 3710 Biddle St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

25760 F 25760

CERTIFICATE OF DEATH

S-4 482-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 903 Walnut Ave (St.) Rogers Heights (Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ada. E. Eager

(a) Residence: No. 903 Walnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George S. Eager

DATE OF BIRTH (month, day, year) Oct. 26 188

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER William Heinz

14. BIRTHPLACE (city or town) (State or country) Austria.

15. MAIDEN NAME OF MOTHER Catherine Bitzel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo. S. Eager

(Address) 903 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 7-16, 19 36

19. UNDERTAKER Mrs Chas A. J. Rohde

(Address) 2327 Edmondson Ave

FILED JUL 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 19 36

22. I HEREBY CERTIFY, That I attended deceased from July 13, 19 36 to July 14, 19 36

I last saw h[illegible] alive on July 13, 19 36 Death is said to have occurred on the date stated above, at 2:26 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/13
Other contributory causes of importance: arterio sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 616 Woodington Rd.

F 25761 F 25761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U-15071 Registered No. 75

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-E Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joe Jacikas

(a) Residence: No. 659 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

DATE OF BIRTH (month, day, year) 12-4-1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date July 16, 1936

19. UNDERTAKER John Speltzbaecker
(Address) 1423 E. Baltimore St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1936, to 7-14, 1936.

I last saw him alive on 7-14, 1936. Death is said to have occurred on the date stated above, at 3:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	1928
Delirium Tremens	7-10-36
Heart Failure	7-14-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey, M. D.
(Address) Baltimore City Hospitals

25762 F 25762

31 5 94

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 5-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred H. Personette

(a) Residence: No. 1104 N Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen J. (Yoast)

DATE OF BIRTH (month, day, year) 3-14-1888

AGE Years	Months	Days	If DEATH less than 1 day ... hrs. or ... min.
48	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thos H. Personette

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret Unknown

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Johns Hopkins Hospital
(Address)

BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 7/18/36 19

UNDERTAKER Geo. A. Roth & Son
(Address) 735 Druid Hill Ave

Filed 7/18/1936 H. Livingston Phillips M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to July 15, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peripheral and Mesenteric Embolis	6-29-36

Other contributory causes of importance: none

Was an operation performed? Yes Date of July 5 '36

For what disease or injury? Peripheral Embolis

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signature) Fred M. Cecil M. D.

(Address) Johns Hopkins Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

25763

CERTIFICATE OF DEATH

451 F 25763

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital, Baltimore, Md. (St., Ward) 15-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Tegler — War - Span.Amer.

(a) Residence: No. 1743 McKean Ave., Baltimore, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Catherine Brunnette

DATE OF BIRTH (month, day, year) Feb. 28, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Penitentiary

10. Date deceased last worked at this occupation (month and year) Mar.6,1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME August Tegler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augustus Schwarz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 17, 36
(Undertaker) Wellman Leuthner & Sons
(Address) North & Penna Ave.

JUL 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936 to July 15, 1936.
I last saw him alive on July 15, 1936 Death is said to have occurred on the date stated above, at 6:20A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pharynx with metastasis to cervical glands	April 1935

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) T. M. H. a duca. M. D.
(Address) U.S. Marine Hospital, Baltimore

25764

HEALTH DEPARTMENT—CITY OF BALTIMORE

25764

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Woodlea Ave 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Scheiner

If U. S. Veteran specify WAR

(a) Residence: No. 3809 Woodlea Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Scheiner

DATE OF BIRTH (month, day, year) Jan. 13, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown Stated

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Lawrence J. Scheiner

(Address) 617 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Wellen Cem. Date July 16 1936

19. UNDERTAKER Wm. Tyler Pearson & Son

(Address) Mount Royal Ave.

20. FILED 19 Hunter Williams, Registrar

JUL 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 13, 1936

I last saw h alive on July 12, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio Sclerosis	
Senility	July 1st

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. Tyler Pearson M. D.

(Address) 701 Mt. Royal Ave

25765

HEALTH DEPARTMENT—CITY OF BALTIMORE

25765

CERTIFICATE OF DEATH

16-1 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Gainnor

(a) Residence: No. 946 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hanie Gainnor

DATE OF BIRTH (month, day, year) Feb. 14, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County, Md.

13. NAME John Gainnor

14. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

15. MAIDEN NAME Henrietta Mimms

16. BIRTHPLACE (city or town) (State or country) Chas. Co., Md.

17. INFORMANT Annie Gainnor

(Address) 946 Harlem Ave

18. BURIAL, REMOVAL OR REMOVAL

Place Dr. Wilson Date July 1936

19. UNDERTAKER Elroy C. Wilson

(Address) 1200 W. Baltimore St.

FILED JUL 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1936 to 7-15, 1936

I last saw him alive on 7-15, 1936. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	7-13-36
General arteriosclerosis	6 mo. ago.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

See Affidavit

25766

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25766

CERTIFICATE OF DEATH

107-A

21-1

1. PLACE OF DEATH

Registered No. 12635

CITY OF BALTIMORE: (No. Balto. City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilson, Rebecca

(a) Residence: No. 940 Warner St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James

DATE OF BIRTH (month, day, year) [illegible]

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

13. NAME Stephen Hall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Liza Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date July 16, 1936

UNDERTAKER Walter P. Jacobs
(Address) 132 W. Hamilton St.

FILED JUL 16 1936 Huntington Hilleary [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to July 12, 1936

I last saw her alive on July 12, 1936 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days ago
Cystitis	one wk ago
Other contributory causes of importance:	
Hypertrophic arthritis of knees	4 yrs ago

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

25767

F 25767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkens & Caton St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine M. Coale — If U. S. Veteran specify WAR .....

(a) Residence: No. 1733 Hollins St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Edward T. Coale

6. DATE OF BIRTH (month, day, year) April 23, 1909.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Paul Albert Knight

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Scharnagle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward T. Coale.

(Address) 1733 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 17, 1936

19. UNDERTAKER Harry A. Wittstein

(Address) 4101 Edmondson Ave.

FILED JUL 16 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 14, 1936

I last saw her alive on July 14, 1936 Death is said to have occurred on the date stated above, at 8 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	
Brain Tumor	

Other contributory causes of importance:

Cardio-Vascular Collapse	
Emaciation & Anemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Whitney M. D.

(Address) St. Agnes Hospital

25768 F 25768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 S. Monroe St. St. 14-4 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Smardon

If U. S. Veteran specify WAR

(a) Residence: No. 341 S. Monroe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Hunter Smardon

DATE OF BIRTH (month, day, year) March 11, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Grant Smardon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Catherine Grace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edith Hunter Smardon
(Address) 341 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 17, 1936

19. UNDERTAKER Harry F. Mintze
(Address) 4101 Edmondson Ave.

FILED JUL 16 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 36

22. I HEREBY CERTIFY, That I attended deceased from July 5 1936 to July 14 1936

I last saw him alive on July 14 1936 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Ga. Jo. Golly M. D.

(Address) 5703 Harford Rd

25769

F 25769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 5 Locust Point. St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry F. Shaw.

(a) Residence: No. 2007 W. Lanvale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: WIFE of HUSBAND of (or) Leona Davis Shaw.

DATE OF BIRTH (month, day, year) July 31, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	11	14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker, 0084

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Calvin Shaw.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME -----Esterley.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Leona Davis Shaw. (wife)

(Address) 2007 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md. Date 7/17 1936

19. UNDERTAKER Harry H. Leitzke

(Address) 1101 Edgewood Ave. Huntington Pittsburgh, Pa.

20. FILED JUL 16 1936 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/14/36

Where did injury occur? Pier 5 Locust Point (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury Fall from shed to water

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify .....

(Signed) Otto M. Kendrick M. D. Coroner

7/15/36 (Address) 1017 S. Carles St.

25770 F 25770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Bartlett

(a) Residence: No. 310 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 14, 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Flemington Kentucky

13. NAME Chipps W. Bartlett

14. BIRTHPLACE (city or town) (State or country) Harrison Co. Senna.

15. MAIDEN NAME Emily Bird Chapin

16. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va.

INFORMANT Mrs. P. W. Norris

(Address) Fullerton, Md.

BURIAL, CREMATION, OR REMOVAL

Place Clarksburg W. Va. Date July 17 1936

UNDERTAKER Fred Lassahn Son

(Address) 7401 Belair Rd

FILED JUL 16 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9th 1936 to July 15 1936

I last saw her alive on July 13 1936 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocarditis.	May
Other contributory causes of importance: Senility,	

Was an operation performed? None Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. E. Nevitt M. D.

(Address) 2347 W. North Ave.

F. D. 25771

F 25771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hosp St. 220-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret F. McCann

(a) Residence: No. 2402 Lehman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Unknown 1887

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	55		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Hennessy

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Margaret Hennessy

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mary T. Lehman
(Address) 2504 Lehman St

18. BURIAL, CREMATION, OR REMOVAL
Place Westernberg Date 7/16 1936

19. UNDERTAKER Edward Hanegan
(Address) 2369 Wash Blvd

20. FILED JUL 16 1936 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. of left femur	
+ pelvis, + [illegible] trust	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 12 1936

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fell down stairs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. M. Wright Coroner, M. D.

(Address) 1015 S. Edmondson Ave

W 25772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma B. Brown

(a) Residence: No. 422 Middle St., Ward. Frederick Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 5-26-27

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Ollie Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Beatrice Cann

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date 7/18/ 1936

UNDERTAKER Frances A. Keighley

(Address) 378 W. Biddle St. Huntington Millware

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936 to July 15, 1936

I last saw her alive on July 15, 1936. Death is said to have occurred on the date stated above, at 8 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis ca.	6-1-36
Petrositis	7-5-36
Meningitis, pneumococcus,	7-11-36
otitis media,	5-5-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-7-36

For what disease or injury? Mastoiditis & Petrositis

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. O. Stiles, Jr. M.D.

(Address) Johns Hopkins Hospital

F 25773

M. D. 25773

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 622 Lanvale St., 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Waters

(a) Residence: No. 622 Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Nov 4 - 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Penna

FATHER

13. NAME Geo Richards

14. BIRTHPLACE (city or town) (State or country) Hanover Penna

MOTHER

15. MAIDEN NAME Mary Ellen

16. BIRTHPLACE (city or town) (State or country) Hanover Penna

17. INFORMANT Mrs Mary Waters (Address) 622 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Monticello Md Date 7/18/ 19 36

19. UNDERTAKER Francis J. Hemsley (Address) 526 W. Baltimore St

Hemsley for Williams

19 ... Registrar.

FILED JUL 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1936 to July 14 1936

I last saw h... alive on June 13 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Tumor	7/15
	1936

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

F 25774

M. D. B. 1283-2

25774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Stephen Martin

(a) Residence: No. Woodland Ave. St., Furnace Station Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21-1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Stephen Martin

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Helen Colby

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Stephen Martin
(Address) Furnace Station

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date July 16 1936

19. UNDERTAKER John S. Connelly
(Address) Govans Md

20. FILED ..... 19 ..... Registrar.

JUL 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis (Origin undetermined)	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

Signed Paul Thurston M. D.
Coroner

(Address) 1912 E. North Ave.

M. D. B 1268-9

F 25775

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25775

CERTIFICATE OF DEATH

~~179~~ 77 7/26/36

1. PLACE OF DEATH

Registered No. 17822

CITY OF BALTIMORE: (No. John Hop. Hos. St. 76-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Margaret Seitz

If U. S. Veteran specify WAR ....

(a) Residence: No. 410 S. East Ave. St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26/1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	10	17	A

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Seitz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Frazier.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Seitz

(Address) 410 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer. Date July 18. 1936

19. UNDERTAKER Lilly & Zieler Co

(Address) 409 S. Wolfe St.

20. FILED [illegible] Registrar

JUL 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead poisoning (ate paint ? if so how long)	
Other contributory causes of importance:	

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation — Date of ....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ....

(Signed) Paul Schuyler, M. D.

Coroner

(Address) 1912 E. North Ave.

25776

F 25776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Greenmount Ave St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Records

2. FULL NAME Sarah Ann Davies

(a) Residence: No. 1327 Greenmount ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Isaac Davies

6. DATE OF BIRTH (month, day, year) April 3 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Evan Lloyd

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Isaac Davies

(Address) 1327 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 17th 1936

19. UNDERTAKER Wm Cook

(Address) 127 St Paul st

20. FILED JUL 16 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) 1919 E. North ave.

F 25777

25777 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3113 Glenmore Ave (Ward) 7-14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME William Sauer

(a) Residence: No. 3113 Glenmore Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche A Sauer

6. DATE OF BIRTH (month, day, year) July 18 1870

65 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D'E&

10. Date deceased last worked at this occupation (month and year) 50

11. Total time (years) spent in this occupation 40+?

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sophie Brewer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Blanche A. Sauers

(Address) 3113 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date May 17 36

19. UNDERTAKER Harriman & Cook

(Address) 1217 St Paul Street

20. FILED JUL 16 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to July 14th 1936

I last saw him alive on July 13th 1936 Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1934

Other contributory causes of importance:

Was an operation performed? Yes Date of 1934

For what disease or injury? Carcinoma of Prostate

Name of operation Prostatectomy Date of 1934

What test confirmed diagnosis Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. B. Culverhouse M. D.

(Address) 1901 Eutaw Place

M. D. B 1268-9

✓ F 25778

25778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Tyler

If U. S. Veteran specify WAR .....

(a) Residence: No. 725 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Balto City Hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westfield School Date July 16, 1936

19. UNDERTAKER Commissioner Health.
(Address) Dr. Wm. R. Kendall

20. FILED JUL 16 1936 Registrar 2402

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	

Other contributory causes of importance:

Carcinoma of Uterus

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury ....., 19.....

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown - Could be fell in gutter

Manner of injury While intoxicated

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. J. Wright, M. D.
Coroner

(Address) 1010 S. Athol Ave

M. D. B 1268-9

25779 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25779

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Allen

(a) Residence: No. 1206 Laurence St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) NotKnown

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. N. Med. School Date July 16 19 36

19. UNDERTAKER Jos. Weissenger Health
(Address) Par. Pr. & Woodall

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 13, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. H. Allen M. D.
Coroner

(Address) 2757 N. Howard St.

F 25780

F 25780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 5-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Gatling

(a) Residence: No. 407 Stirling St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. Ord

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford N. C.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Rec. School Date July 16 1936

19. UNDERTAKER Commissioner Health. (Address) Dep. Com. R. Russell.

20. FILED JUL 16 1936 2459

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.13 1936

22. I HEREBY CERTIFY, That I attended deceased from 4.19.36 19 to 7.13 1936

I last saw him alive on 7.13 1936 Death is said to have occurred on the date stated above, at 11.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	14 mo ago.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

25781 ✓ F 25781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Ufton St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mazzie Wright

(a) Residence: No. 1303 Ufton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Cook

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, day, year) Feb. 1936

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Benj. Wilson

14. BIRTHPLACE (city or town) (State or country) Hopkinsville Ky

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Hud. School Date July 16 1936

19. UNDERTAKER .....

(Address) .....

20. FILED JUL 16 1936 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

I HEREBY CERTIFY, That I attended deceased from March 10 1936 to July 10 1936

I last saw h[illegible] alive on July 9 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934 Apx
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, explain .....

(Signed) [illegible] M. D.

(Address) [illegible]

F 25782

25782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3742 Hickory Ave St., 13 Ward)

Length of residence in city or town where death occurred 62 yrs 10 mos 9 ds. How long in U. S. If of foreign birth? ..... yrs ..... mos ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa L. French

(a) Residence: No. 3742 Hickory Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George F. French

DATE OF BIRTH (month, day, year) Sept. 6-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Benjamin Shaffman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Geo. C. French

(Address) 3742 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery July 17 1936

19. UNDERTAKER Horace K. Burgee

(Address) 3631 Falls Road

Huntington Williams

19 ..... Registrar.

JUL 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936 to July 15 1936

I last saw h[er] alive on July 15 1936 Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ed Dodgelow M. D.

(Address) 850 W 36 St

25783 Toffy ✓ F 25783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 500 Hurley ave St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? 26 yrs. mos. da.

2. FULL NAME Woldemar Toffoy

If U. S. Veteran specify WAR

(a) Residence: No. 500 Hurley ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

3. If married, widowed, or divorced HUSBAND of (or WIFE of) Adele Toffoy

DATE OF BIRTH (month, day, year) Mar 15-1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Brewing Co

10. Date deceased last worked at this occupation (month and year) June 20/1936

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Estonia Russia

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Wolmer Toffoy

(Address) 500 Hurley ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 18 1936

19. UNDERTAKER Geo. W. Fiske

(Address) 2700 Eastern Ave

20. FILED 19 Registrar.

JUL 16 1936 Entry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to July 16 1936

I last saw h in alive on July 15 1936 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and Metastasis	June 1935
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? X Ray & Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave.

5784 F 25784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

12-5

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Baltimore, Md. lifetime

War Service: WW

2. FULL NAME John Spenner

(a) Residence: No. 1821 Maryland Ave. -Balto. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Spenner

DATE OF BIRTH (month, day, year) July 21, 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) June - 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frederick Spenner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Esther Mullicon

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

17. INFORMANT Records - U.S. Marine Hospital Baltimore, Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL JUL 18 1936

Place Loudon Park Date 19

19. UNDERTAKER Geo W Lutz

(Address) 2700 Edmondson Ave.

20. FILED JUL 16 1936 E. Lester Wilmot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to July 16 1936

I last saw him alive on July 16, 1936. Death is said to have occurred on the date stated above, at 8:40a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, acute, infective, suppurative, frontal bone.	Unknown
Sinusitis, chronic, frontal, maxillary, ethmoids and sphenoids.	7 yrs.
Acute flare-up.	4 wks.

Other contributory causes of importance:

Was an operation performed? Yes Date of July 6, 1936

For what disease or injury? Sinusitis.

What test confirmed diagnosis? Clinical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. V. Anderson, M. D.

(Address) U.S. Marine Hospital -Balto, Md.

F 25785

F 25785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Bozzella If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 13, 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME John Bozzella.

14. BIRTHPLACE (city or town) Bozzella
(State or country) Genoa.

15. MAIDEN NAME Cecelia Lobrogart

16. BIRTHPLACE (city or town) Elkton
(State or country) Va. Virginia

17. INFORMANT Mrs John Bozzella
(Address) Ellicott City Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med School Date July 16 1936

19. UNDERTAKER [illegible] Dismissed Death
(Address) per Mrs A. Bozzella

20. FILED [illegible] 19 [illegible] Registrar.

2463

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936 to July 14 1936
I last saw h[illegible] alive on July 13 1936 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Multiple causes (Congenital)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B McNulty M. D.
(Address) University Hosp.

5786

F 25786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 3904 N. Charles St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 73 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME J. Edw. Duker

(a) Residence No. 3904 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed) or divorced) HUSBAND of (or) WIFE of Edith Elaine Kautt Duker

ATE OF BIRTH (month, day, year) Aug. 2, 1863

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
r	73	11	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Mfgr.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation 20 yrs

IRTHPLACE (city or town) (State or country) Balto. Md.

. NAME Otto Duker

. BIRTHPLACE (city or town) (State or country) Hanover Germany

. MAIDEN NAME Emma K. Radecke

. BIRTHPLACE (city or town) (State or country) Baltimore Md.

NFORMANT Mrs. Edith E. D. Duker

(Address) 3904 N. Charles St.

BURIAL, CREMATION, OR REMOVAL Place Baltimore Mem. Gdns. Date July 18. 1936

NDERTAKER Mr. Wickliffe Downs

(Address) North & Pennsylvania Aves.

FILED 19 Registrar

JUL 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1936 to July 15 1936

I saw him alive on July 12 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder with Metastasis — Date of onset July 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 10, 1936

For what disease or injury? Ca of bladder

Name of operation Cystoscopy Date of Feb. 10, 1936

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Theodor Legrand M. D.

(Address) 1 Med. Arts Bldg

F 25787

25787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 319 Park Ave St. 11-2 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George A Byler

(a) Residence: No. 319 Park Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced. HUSBAND of (or) WIFE of Carrie M. Byler

7. DATE OF BIRTH (month, day, year) Nov 2. 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 6 yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lord Balto Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jacob M Byler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Paul Byler

(Address) 17 W. Green St. Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Kruger Cem Date July 19 1936

19. UNDERTAKER W J Tschan & Son

(Address) No Person Ave

FILED JUL 20 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-36 19

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936 19 to 7-16-36 19

I last saw h alive on 7-15-36 19 Death is said to have occurred on the date stated above, at 6.15 m. AM

The principal cause of death and related causes of importance were as follows: Cancer of The Pylorus — Date of onset

Other contributory causes of importance: Metastasis to Lungs

Was an operation performed? yes Date of 6-12-36

For what disease or injury? Cancer Pylorus

Name of operation Resection of Pylorus Date of 6-13-36

What test confirmed diagnosis? exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno L Fellenbaum M. D.

(Address) 910 N Fulton Ave

25788

✓ F 25788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5705 Pimlico Road St. 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Anna Christoffel — If U. S. Veteran specify WAR ...

(a) Residence: No. 5705 Pimlico Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank A. Christoffel

DATE OF BIRTH (month, day, year): April 6, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): -

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Chicago Illinois

13. NAME: Michael Meyer

14. BIRTHPLACE (city or town) (State or country): -------- Germany

15. MAIDEN NAME: Susan -------

16. BIRTHPLACE (city or town) (State or country): -------- Germany

17. INFORMANT (Address): Frank A. Christoffel 5705 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL — Place: Cathedral Cemetery — Date: 7/18 19 36

19. UNDERTAKER (Address): Henry Lo Meakster 501 N. Calvert St.

20. FILED ... Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July. 15th. 1936

22. I HEREBY CERTIFY, That I attended deceased from July. 2. 1936 to July. 15 1936

I last saw h... alive on July. 15. 1936 Death is said to have occurred on the date stated above, at 12 m. -

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat. Exhaustion	7.10 36

Other contributory causes of importance:
Nephritis. Acut. -
Myo/Cardtis.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John H. Magruder M. D.

(Address) 14. E. Read St

Lerum 2689

F 25789

25789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti - City Hospitals 16-3 St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Kozyacki

If U. S. Veteran specify WAR

(a) Residence: No. 6604 Fait Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

7. DATE OF BIRTH (month, day, year) Oct 7 1892

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4 8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Kozyacki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Constance Chrus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Julia Kozyacki

(Address) 6604 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July 17, 1936

19. UNDERTAKER John M. Nehez

(Address) 401 S. Chester

FILED July 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.

Coroner

(Address) 1010 S. Calhoun

F 25790

25790 HEALTH DEPARTMENT—CITY OF BALTIMORE

119

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Lancaster Street St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Edwin Joseph Sobotka

(a) Residence: No. 1613 Lancaster Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 20 1935

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	1	3	24 2⅝	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Adam Sobotka

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Spinek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Anna Sobotka (Mother
(Address) 1613 Lancaster Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date July 17 1935

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED JUL 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 35

22. I HEREBY CERTIFY, That I attended deceased from July 1—35 to July 15 35

I last saw him alive on July 14 35. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Anemia	July 1
Pleo Colitis	
Acute Cardiac Dilatation	July 1.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) 600 Wolfe St

M. D. B 1268-9

Louis Siff

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25791

25791

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 231 S. Eden St., 3-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Siff

If U. S. Veteran specify WAR

(a) Residence: No. 231 S. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) Nov 5 1883

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
52 53	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Hirsh Siff

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Miss Esther Siff

(Address) 231 S. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem Date July 17, 19

19. UNDERTAKER S. Sherman Bros

(Address) 1127 E Baltimore St

FILED JUL 17 1936 19 Registrar.

Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	

Other contributory causes of importance: arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.

Coroner

(Address) 1011 S. Eden St

F 25792

25792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2223 Pelham ave St. 8-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John B. Klein

(a) Residence: No. 2223 Pelham ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) October 26 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool & Billiard parlor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Martin L. Klein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara F. Voight

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martin L. Klein
(Address) 2223 Pelham ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemetery Date July 18 1936

19. UNDERTAKER Henry Koch Sons Inc
(Address) 1301 E. Eager St

Huntington Williams, M.D.

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to July 15 1936
I last saw him alive on July 14 1936 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Active Pulmonary Tuberculosis	
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Irving L. Littman M. D.

(Address) 1302 Clove

F 25798

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25793

CERTIFICATE OF DEATH

92-A

Registered No. 27-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mildred Carter

(a) Residence: No. 3310 Edmonson ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elmer Carter

7. DATE OF BIRTH (month, day, year) 1909 Feb 3 Yrs

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Walter Burns

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elmer Carter

(Address) 3310 Edmonson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/20/36

19. UNDERTAKER Leroy L. Perkins

(Address) 207 Howard St Huntington Md

19. FILED JUL 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to July 16, 1936

I last saw her alive on July 16, 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio vascular disease	
mitral stenosis & insufficiency	
Cardiac insufficiency	
Other contributory causes of importance:	
Cardiac hypertrophy & dilatation	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin., Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul E. Spear, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

25794 25794

CERTIFICATE OF DEATH

✓23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Hurd

(a) Residence: No. 817 Arlington Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) October 10, 1934

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
1	8 9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Hassel Vaughdus

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Louise Hurd

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mary Louise Hurd

(Address) 817 Arlington Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 17 36

19. UNDERTAKER Chas. S. Wilson

(Address) 1000 N. Broadway Ave

JUL 17 1936 Arlington Office

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936 to July 15, 1936

I last saw him alive on July 1st, 1936 Death is said to have occurred on the date stated above, at 8.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	Unknown
Tuberculous Pneumonia -	"
Miliary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Sonnad M.D.

(Address) University Hospital

25795

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 F 25795

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 948 Mason St. St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Anita Johnson

(a) Residence: No. 948 Mason St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Daisy Monsmus

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lucille Johnson

(Address) 94 E Madison St.

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date 7/16/ 1936

19. UNDERTAKER Frances A Hemsley

(Address) 576 W. Biddle St

20. FILED 19 Registrar.

JUL 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to July 14 1936

I last saw h[illegible] alive on July 14 1936. Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 4 36

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. T. Young M. D.

(Address) 1424 E Madison St

796

HEALTH DEPARTMENT—CITY OF BALTIMORE

25796

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 N. Wolfe St. 8-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Lipka

(a) Residence: No. 1425 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Lipka

DATE OF BIRTH (month, day, year) July 26, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME of Father Lawlat

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary Berny

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mary Beran (Address) 1424 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 18, 1936

19. UNDERTAKER Frank Gorski & Son (Address) 1906 Eastern Ave

20. FILED JUL 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to July 16, 1936

I last saw h[illegible] alive on July 16, 1936 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease — Date of onset 1/35

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Reardon M. D.

(Address) 801 Lexington

25797. F. 25797.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 4-W St., Ward)

Length of residence in city or town where death occurred LIFE yrs. mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME GEORGE OTT

(a) Residence: No. BRIGHTSIDE AVE St., BALTO CO. Ward. Govdale Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cole Ott

DATE OF BIRTH (month, day, year) April 25 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Johns Ott

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Kunigunda Ott

16. BIRTHPLACE (city or town) (State or country) Ger

INFORMANT (Address) Mrs Jenatta Bauer 7110 Hanford Rd

BURIAL, CREMATION, OR REMOVAL

Place Schwartze Date July 17 19 36

UNDERTAKER (Address) John Uelhild 2005 Orleans St

FILED 7 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936 to July 14 1936

I last saw h.m alive on July 14 1936. Death is said to have occurred on the date stated above, at 12.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO-SCLEROTIC - CARDIO - RENAL DISEASE	
& SUBACUTE NEPHRITIS & CARDIAC	?
HYPERTROPHY -	
GENERALIZED ANASARCA -	JUNE 1936.
UREMIA.	
Other contributory causes of importance:	
BRONCHO-PNEUMONIA.	July 3, 36

Was an operation performed? N.A. Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? (Yes, or No, specify)

(Signed) E. D. Leonardo Jr. M. D.

(Address) Univ. Hospital

F 25798

25793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Cliftmont Ave. St., 8-1 Ward)

Length of residence in city or town where death occurred 42 yrs. 4 mos. 17 How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U.S.N. World War

2. FULL NAME JOHN GODRICH SLITZER

(a) Residence: No. 3124 Cliftmont Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Goldie May Slitzer

DATE OF BIRTH (month, day, year) Feb. 26, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	4	17 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dep't.
10. Date deceased last worked at this occupation (month and year) March 1935
11. Total time (years) spent in this occupation 16

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles Slitzer
14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)
15. MAIDEN NAME Mollie Powell
16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

INFORMANT Goldie May Slitzer
(Address) 3124 Cliftmont Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 18, 1936

UNDERTAKER John Ulrich
(Address) 2008 Orleans St.

FILED JUL 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from JULY 1934 to JULY 15, 1936

I last saw him alive on JULY 14, 1936. Death is said to have occurred on the date stated above, at 12 M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5 days
Muscular Atrophy - progressive	2 yrs
Emaciation	2 wks

Other contributory causes of importance:

Was an operation performed? Not Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fritz J. Klinger, M. D.
(Address) 2703 Harford Ave

M. D. B. 1268-9

F 25799 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25799

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 E. Pratt St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? 46 yrs. mos. ds.)

If U. S. Veteran specify WAR

2. FULL NAME Sally Gentz

(a) Residence: No. 1415 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Gentz

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria

FATHER

13. NAME Franz Slovak

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Milton Gentz

(Address) 4004 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7/17 1936

19. UNDERTAKER Jack Lewis Inc

(Address) 1139 E. Baltimore St

Signature of Undertaker or Assistant Registrar

JUL 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Occlusion	
Other contributory causes of importance: Contributory Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address) 1010 S. Edmondson Ave

H. D. B 1263-9

25800

HEALTH DEPARTMENT—CITY OF BALTIMORE 25800

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Ashland Ave St. 10-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME William Ennis

If U. S. Veteran specify WAR

(a) Residence: No. 1102 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of X

7. DATE OF BIRTH (month, day, year) Feb 29, 1904

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	4	12 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter - Later

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 1930

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Lucie Ennis

14. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

15. MAIDEN NAME Annie Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie Thos Ennis

(Address) 1102 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date July 17, 1936

19. UNDERTAKER Robert Middleton

(Address) 1518 Pennsylvania Ave

FILED JUL 17 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 03, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Interstitial	

Other contributory causes of importance: Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 E. Lanvale

F 25801 ✓ F 25801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-131

Registered No. 1873

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6 - 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Robinson

(a) Residence: No. 415 N. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (sep.)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Robinson (sep.)

7. DATE OF BIRTH (month, day, year) 1-15-1895 ?

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 ?	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

13. NAME Osburn

14. BIRTHPLACE (city or town) (State or country) Jamaica

15. MAIDEN NAME Nancy

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date July 20 1936

19. UNDERTAKER Edw. Borgyi.
(Address) 1647 Orleans St.

Huntington Williams, Registrar.

FILED JUL 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8 1936 to 7-16 1936

I last saw him alive on 7-16 1936 Death is said to have occurred on the date stated above, at 7 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-16-36
Chronic Nephritis and Hypertension	Unknown
Arteriosclerosis	"

Other contributory causes of importance:

C.N.S. Syphilis with tabes dorsalis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

F 25802

M. D. R. 1268

25802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. [illegible] Broadway St., 6-E Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Campbell

(a) Residence: No. 211 N. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Founder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Noahan

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Catherine McCoy

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. Mattie Campbell

(Address) 211 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date July 17 1936

19. UNDERTAKER Eddie Bryan

(Address) 1611 Division St

Registrar.

20. FILED 19

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 11, 1936

Where did injury occur? Baltimore Harbor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Harbor

Manner of injury jumped overboard

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. M. Knight M. D.

(Address) 1010 S. Edmondson Ave Coroner

M. D. B. 1268-9

25803 HEALTH DEPARTMENT—CITY OF BALTIMORE 25803

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Eagle St., 14-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy V. Yinger

(a) Residence: No. 1821 Eagle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Yinger

6. DATE OF BIRTH (month, day, year) Dec 11 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
58	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Stewart

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr John F. Yinger
(Address) 1821 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 7/18/, 1936

19. UNDERTAKER John F. Edwards & Son
(Address) 901 Hollins St.

20. FILED JUL 17 1936 H. E. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to July 15 1936

I last saw her alive on July 15 1936 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	? yrs
Other contributory causes of importance:	
Central Thrombosis	1 wk
Arteriosclerosis	? yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. M. C. Parker M. D.

(Address) 1114 Hollins St

Romeo Redmond

25804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25804

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Woodyard St., 26/5-1 (Ward)

Registered No. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Romeo Redmond

If U. S. Veteran specify WAR

(a) Residence: No. 1708 Woodyard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Re	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Redmond

DATE OF BIRTH (month, day, year) Nov. 17, 1897

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	8	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Airy Md.

13. NAME John Redmond

14. BIRTHPLACE (city or town) (State or country) Mt. Airy Md.

15. MAIDEN NAME Mary Stultz

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

17. INFORMANT Lillian Redmond

(Address) 1708 Woodyard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 18, 1936

19. UNDERTAKER V. G. Brooks

(Address) 1437 N. Carey St

20. FILED JUL 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/36

22. I HEREBY CERTIFY, That I attended deceased from 7/16/36, 19..., to 7/16/36, 19... I last saw him alive on 7/16/36, 19... Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio vascular Thrombosis — Duration 7 hrs — Date of onset 7/16/36

Other contributory causes of importance: Arterio-Sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Steed, M. D.

(Address) 524 Mosher

F 25805 ✓ F 25805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4323 Belvieu Ave 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mary Virginia Clifford.
(a) Residence: No. 4323 Belvieu Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Clifford.

7. DATE OF BIRTH (month, day, year) March 31 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	15	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland
13. NAME William Dobson
14. BIRTHPLACE (city or town) Easton (State or country) Maryland
15. MAIDEN NAME Jane Mc Crodan
16. BIRTHPLACE (city or town) Howard Co (State or country) Maryland

17. INFORMANT Charles C. Clifford Son.
(Address) 4323 Belvieu Ave, Ft Towson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date July 20th 1936

19. UNDERTAKER Joseph L. Cox
(Address) 4003 Harford Ave Baltimore Md

20. FILED JUL 17 1936, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936, to July 16th 1936
I last saw h[illegible] alive on July 16th 1936 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown
Other contributory causes of importance: Senility + Exhaustion	4 mos.

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

Signed C. B. Ensor, M. D.
Post Office Address Garrison Md's.

M. D. F. 25806

F 25806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry C. Widerman

(a) Residence: No. Woodlawn, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Widerman

6. DATE OF BIRTH (month, day, year): August 7, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

FATHER

13. NAME: Joseph Widerman

14. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

MOTHER

15. MAIDEN NAME: Catherine ?

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mr. William O. Widerman

(Address): R. F. D. #3, Alexandria, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olive Cemetery Date: July 18, 1936

19. UNDERTAKER: [illegible]

(Address): 1003 W. Baltimore St.

20. FILED: JUL 17 1936, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Volvulus)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Operation? July 15, 1936

For what disease or injury? Obstruction

Name of Operation? Abdominal Section Date? July 15

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D. Coroner

(Address) 2757 W. North Ave.

F 25807

207952
315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Vanna

(a) Residence: No. 1103 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5/16/35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jos. Vanna

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Costina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 17 36

19. UNDERTAKER Wendel & Clapper
(Address) 1205 E. Monument St

Filed July 17 1936, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936 to July 15, 1936

I last saw h alive on July 15, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	1wk 7
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther D Leverty M. D.

(Address) Johns Hopkins Hosp

F 25808 ✓ F 25808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1288 Battery ave St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth A. Faust

(a) Residence: No. 1288 Battery ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Conrad C. Faust

6. DATE OF BIRTH (month, day, year): March 7. 1862

7. AGE: Years 74 | Months 4 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Schaefer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Don't know

17. INFORMANT: Mrs. Anna Staut

(Address) 1288 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cemetery Date 7/20 1936

19. UNDERTAKER: Margaret E. Flynn

(Address) 2107 Eutaw St

[illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to July 16, 1936

I last saw her alive on July 16, 1936 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	6 mo

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. J. Wheeler M. D.

(Address) 1279 William St

M. D. B 1268-9

F 25809

25809

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Catherin Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 312 NStricker St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1905

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wilber Brown

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Nellie Naylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clerance Sollus

(Address) 255 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date July 17 - 1936

19. UNDERTAKER Eugene Payne

(Address) 1121 Edmondson ave

20. FILED July 17 1936 Huntington Burial Association

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) T. H. Claiborne M. D.

Coroner

(Address) 2757 W. Lanvale St

M. D. B. 1264

25810

F 25810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Y 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Archibald J. Lipscomb

(a) Residence: No. 309 E. 28th. St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Lipscomb

6. DATE OF BIRTH (month, day, year) Aug. 8, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10Yrs. ad 72

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W.Va.

FATHER

13. NAME William Lipscomb

14. BIRTHPLACE (city or town) (State or country) W.Va.

MOTHER

15. MAIDEN NAME Hannah Adams

16. BIRTHPLACE (city or town) (State or country) W.Va.

17. INFORMANT Charles W. Lipscomb

(Address) 309 W. 28th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date July 18. 1936

19. UNDERTAKER Horace K. Burgee

(Address) 3601 Falls Road

20. FILED 7-17 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypostatic Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 3757 E. Lanvale St.

M. D. P. 1368-9

25811

F 25811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W Hill St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Will Rogers

(a) Residence: No. 117 W Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook pd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) 7/36 | 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Cherokee S. Carolina

13. NAME Randall Rogers

14. BIRTHPLACE (city or town) (State or country) Cherokee S. Carolina

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Cherokee S. Carolina

17. INFORMANT Henry L. Rogers

(Address) Columbia S C.

18. BURIAL, CREMATION, OR REMOVAL

Place Jennettsville S.C. Date 7/17/36 19

19. UNDERTAKER Donald L. Brownston

(Address) 1 W Mount Vernon Pl

20. FILED 7/17/1936 Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1935 to 7/16, 1936

I last saw h. alive on 7/16, 1936 Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
7 days	

Other contributory causes of importance:

?

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Dan Drumheller M. D.

(Address) 122 W Lee

M. D. B. 1268-9

25812

F 25812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 V 160-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred none yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Stine

(a) Residence: No. Woman's Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 1 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Raineth Stine
14. BIRTHPLACE (city or town) (State or country) York Pennsylvania

MOTHER

15. MAIDEN NAME Anna Louise Yeaker
16. BIRTHPLACE (city or town) (State or country) York Pennsylvania

17. INFORMANT Father
(Address) 28 West Ave — Fairview Road Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Scott & Carnegie Institute Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar
17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 15, 1936
I last saw h.i.M. alive on July 15, 1936. Death is said to have occurred on the date stated above, at 12 14 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chondrodystrophia Foetalis	

Other contributory causes of importance:
Delivered by Cesarean Section { premature 1 min after birth
failed to breathe following birth

Name of operation Classical Cesarean Section Date of 7/15/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W F Sellers, M. D.
(Address) Woman's Hospital

F 25813

F 25813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Jenkins

(a) Residence: No. Millers St., Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Robert Jenkins

DATE OF BIRTH (month, day, year) Feb 21 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	57	11	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME James Gibson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Isabella Thomas

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Robert Jenkins

(Address) Millers Md

18. BURIAL, CREMATION, OR REMOVAL

Place West Newton Pa Date July 17 1936

19. UNDERTAKER Harry Hutzler

(Address) 1101 Edmondson Ave

[illegible] 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28 1936 to July 16 1936

I last saw her alive on July 16 1936 Death is said to have occurred on the date stated above, at 3:40 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung with Generalized Carcinomatosis	

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy of Lung Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen C. Magennis M. D.

(Address) University Hospital

F 25814

M. D. B. 1268-9

25814 HEALTH DEPARTMENT—CITY OF BALTIMORE

47-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N. Lake ave St. 27-13 Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leslie Virginia Castari

(a) Residence: No. 701 N. Lake ave St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles Castari

6. DATE OF BIRTH (month, day, year): July 20, 1853

7. AGE: Years 82 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME Edward S. Heinichen

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Clementine Koch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Fred H. Castari

(Address) 3611 Hudson Mill Road

18. [redacted] CREMATION. [redacted] Date July 18, 1936

Place Fulton Park

19. UNDERTAKER John C. Mitchell Sons

(Address) 1900 Edmondson Avenue

JUL 17 1936, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26 1936, to July 16, 1936. Death is said

I last saw h[er] alive on July 16, 1936. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tyrosis Carcinoma Pancreas-Pain Asthenia July 5

Other contributory causes of importance:

Hypocardiac-Edema Lungs due to cancer final pneumonia

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Francis Kinsley Hutchins M. D.

(Address) 2 W. Read St

F 25815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4806 York Rd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Anna Brown

(a) Residence: No. 4806 York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rev. Joel Brown, D. D.

7. DATE OF BIRTH (month, day, year): July 7, 1849

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87		8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

13. NAME: William Adams

14. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

15. MAIDEN NAME: Leurenna E. Kerr

16. BIRTHPLACE (city or town) (State or country): Cecil Co. Md.

17. INFORMANT: Leulah Kerr Brown
(Address) 4806 York Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. July 18, 1936

19. UNDERTAKER: John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

JUL 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1936 to July 15, 1936

I last saw her alive on July 15, 1936. Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis 1930	1930
Myocarditis chronic	1933
Other contributory causes of importance:	
Pneumonia broncho	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? -- Was there an autopsy? --

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar P. Sandrock, M. D.

(Address) Medical Arts Bldg.

F 25816

25816 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 46-E

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick F. McConnell

(a) Residence: No. 1200- Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Nolan

6. DATE OF BIRTH (month, day, year) 17 March 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunchroom Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Peter McConnell

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary McCullough

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supt.
(Address) 1200- Valley St. city.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 18, 1936

19. UNDERTAKER Rita Winfield
(Address) 914 Greenmount Ave

20. FILED Registrar.

JUL 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 - 1936

22. I HEREBY CERTIFY, That I attended deceased from March 36 to July 16 1936

I last saw h[illegible] alive on July 16 1936 Death is said to have occurred on the date stated above, at 7:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	?
Other contributory causes of importance: Asthema	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1114 Harlem Ave

F 25817

25817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1107 Mc. Culloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Edgar Johnson

DATE OF BIRTH (month, day, year) Feb. 3, 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

13. NAME Lloyd Smith

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

15. MAIDEN NAME Clara Smith

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Kenneth Johnson

(Address) 1107 Mc. Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Date July 20, 1936

19. UNDERTAKER P. Franklin Stamp

(Address) Whitehall Md.

20. FILED July 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936 to July 16, 1936

I last saw her alive on July 16, 1936 Death is said to have occurred on the date stated above, at 11:08 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	
Other contributory causes of importance: fibroma uteri	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Wallace Shennington M. D.

(Address) 1601 Penna. Ave.

M. D. 12 F 25818

F 25818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., 11-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Dennis (Twin #1)

(a) Residence: No. 1220 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1936

7. AGE Years	Months	Days	If LESS than 1 day, 14 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Dennis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Arnetta Green

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. N. Mes. School Date July 17, 1936

19. UNDERTAKER Commissioner of Health.

(Address)

20. FILED JUL 17 1936 [illegible] Registrar

2571

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-11-36, 19..., to 7-12-36, 19...

I last saw h[illegible] alive on 7-12-36, 19. Death is said to have occurred on the date stated above, at 11 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Intracranial injury ?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John W. Whitridge, Jr. M. D.

(Address) Johns Hopkins Hospital

F 25819

M. D. B. 1268-9

F 25819 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Dennis (Twin #2)

(a) Residence: No. 1220 McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1936

7. AGE	Years	Months	Days	If LESS than 1 day old
			1/24	hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME John Dennis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Almetta Green

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Hos. School Date July 17 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED JUL 17 1936 [illegible]

2470

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-11-36 . 19 ... to 7-11-36 . 19 ...

I last saw him alive on 7-12-36 19 ... Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Twins - breech extraction	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John Whitridge, Jr. M. D.

(Address) Johns Hopkins Hospital

31 6995
31 F 25820

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25820

CERTIFICATE OF DEATH

x 4761-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. Redwood Ave St., ... Ward. Parkville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/29/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Raymond E Moore

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mildred Hall

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July 17 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED JUL 17 1936 [illegible]

2469

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to July 10, 1936

I last saw him alive on July 10, 1936 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of umbilicus with Septicemia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Dewey M. D.

(Address) John Hopkins Hosp.

315951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 25821

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 22-1 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Perry Hairsine

If U. S. Veteran specify WAR .....

(a) Residence: No. 521 S Charles St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7/8/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Perry Hairsine

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Agnes Ernst

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date July 17 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUL 17 1936 [illegible]

Registrar.

2408

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9 1936 to July 10 1936

I last saw h[illegible] alive on July 10 1936 Death is said to have occurred on the date stated above at 7:35 a. m.

The principal cause of death and related causes of importance were as follows:

The Cause of death was Respiratory failure due to Diaphragmatic Hernia. Small intestines found in left chest.

Date of onset Birth.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John H Cunningham M. D.

(Address) Johns Hopkins Hosp.

F 25822

25822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 14767

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Jackson

(a) Residence: No. 612 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice

6. DATE OF BIRTH (month, day, year): 6-26-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Joseph Jackson

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Jane Dement

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place G. H. Woodstock Date July 17 1936

19. UNDERTAKER: Commissioner of Health.
(Address) [illegible] S. RANDALL

20. FILED 19 [illegible]
JUL 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to July 11, 1936.
I last saw him alive on July 9, 1936. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	3 mo. ago.
Other contributory causes of importance: Bronchopneumonia	7-9-36

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify.

(Signed) H. L. de Lautelle M. D.

(Address) Baltimore City Hospitals

25823 F 25823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 W Cross St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Blake

(a) Residence: No. 32 W. Cross St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Hart

6. DATE OF BIRTH (month, day, year) unk

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Housework

10. Date deceased last worked at this occupation (month, year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Rebecca Blake

(Address) 32 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 19 1936

19. UNDERTAKER Walter B Sparrow

(Address) 1324 W Fayette St

20. FILED JUL 19 1936 Clifton R. Wood M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10/36

22. I HEREBY CERTIFY, That I attended deceased from 7/7/36 to 7/15/36

I last saw her alive on 7/14/36 Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	4 mos
Cirrhosis	over
Other contributory causes of importance: Arteriosclerosis	14 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ivey Bowley M. D.

(Address) 5190 Candleberry Rd

M. D. F 1268-9

25824 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25824

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Church Home + Inf. Registered No.

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Miller

(a) Residence: No. 2334 E. Jefferson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Miller

6. DATE OF BIRTH (month, day, year) Sept. 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME August Buechler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalena Pfeffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John Miller
(Address) 2334 E. Jefferson

18. BURIAL, CREMATION, OR REMOVAL Date Lange Cemetery July 20 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 934 E. Eager St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16 - 1936 to July 17 1936

I last saw her alive on July 16 1936 Death is said to have occurred on the date stated above, at 8:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Other contributory causes of importance: Pernicious Anemia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 156 N. Milton Ave

M. D. B 1268-9

Samuel T. Jones ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

25825

CERTIFICATE OF DEATH

F 25825

1. PLACE OF DEATH

Registered No. 173

CITY OF BALTIMORE: (No. 1106 Shields Lane Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel T Jones If U. S. Veteran specify WAR ...

(a) Residence: No. 1106 Shields Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) June 1902

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
34	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Serena Butts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Serena Jones
(Address) 1109 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Cemetery Date 7/20 1936

19. UNDERTAKER Thos. E. Kelson
(Address) 303 Presstman st.

FILED JUL 12 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on ... and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Aorta	July 15 36

Other contributory causes of importance: ...

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury July 15 1936

Where did injury occur? 1106 Shields Lane Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gun shot wound of Aorta

Nature of injury Pistol 38 steel jacket

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) George L. Keller M. D.
Coroner

(Address) 50 Aisquith st

H.D.B.-1248-9

25826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25826

140-131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St., 181 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Redd

(a) Residence: No. 857 Pine St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archer

6. DATE OF BIRTH (month, day, year) Aug 15 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Webb

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Burns

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Arthur Redd

(Address) 857 Pine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/18 1936

19. UNDERTAKER Charles G. Cooper

(Address) 3742 Edmondson Ave

FILED JUL 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15- 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia from	July 15
incomplete abortion	July 5

Other contributory causes of importance: Chronic nephritis interstitial hysterectomy

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright M. D.

Coroner

(Address) 1010 S. Belnord Ave

5827 1268-9

✓ F 25827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Tsatsaronis

(a) Residence: No. 434 Newkirk Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weirton
(State or country) W.Va.

FATHER

13. NAME Louis Tsatsaronis

14. BIRTHPLACE (city or town) Greece
(State or country)

MOTHER

15. MAIDEN NAME Gary Trakadas

16. BIRTHPLACE (city or town) Greece
(State or country)

17. INFORMANT Louis Tsatsaronis

(Address) 434 Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 18 1936

19. UNDERTAKER J. Francis Reese

(Address) 1131 Madison Ave. Huntington W. Va.

FILED JUL 18 1936 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 275 [illegible]

F 25828

F. D. No. F 25828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH 709 Hollen Road Balto (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-8 St. Ward)

Length of residence in city or town where death occurred 86 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Emma Marshall

(a) Residence: No. 709 Hollen Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Thomas L Marshall

6. DATE OF BIRTH (month, day, year) Jan 26 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Daley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Wm John Willey

(Address) 709 Hollen Road

18. BURIAL, CREMATION, OR REMOVAL Gordon Balto Date July 20 1936

19. UNDERTAKER William Cook

(Address) 1017 St Paul Street

Huntington Williams Registrar.

20. FILED JUL 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936 to July 17 1936

I last saw her alive on July 16 1936 Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis.	
Other contributory causes of importance:	
Duodenal Ulcer of Oesophagus.	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts M. D.

(Address) 6010 York Road

25829 F 25829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 96-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bessie A Long

(a) Residence: No. 4215 Wolfe Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Long

7. DATE OF BIRTH (month, day, year) Jan. 18th 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles A Barton
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie Roder
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT George Long
(Address) 4210 Wolfe Ave.

18. BURIAL, CREMATION, OR REMOVAL
Date July 21st 1936

19. UNDERTAKER Frederick Rosenthal Son
(Address) 7401 Belair Road

20. FILED 19 Huntington Williams M.D.

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12 1936 to July 17 1936

I last saw her alive on July 17 1936. Death is said to have occurred on the date stated above, at 7:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7-6-36
Other contributory causes of importance: Cholecystitis	

Was an operation performed? Yes Date of 7-15-36

For what disease or injury? Cholecystitis

Name of operation Cholecystectomy Date of 7-15-36

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Mickelson M. D.

(Address) Sinai Hospital

25830

✓ F 25830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Aisquith St. St., 9-9 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Alfred A. Kirk

(a) Residence: No. 1622 Aisquith St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Harriet C. Kirk

6. DATE OF BIRTH (month, day, year) April 7 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. A. Long Co

10. Date deceased last worked at this occupation (month and year) 9/17

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Rising Sun Md.

FATHER

13. NAME Theodore Kirk

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME ? Priessnor

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Paul L. Kirk
(Address) 1622 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Co Pa Date July 20 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

Huntington Registrar.

JUL 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

25831 ✓ F 25831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [redacted] yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph W. Young

(a) Residence: No. Prince Frederick, Calvert County, Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ruth Young

6. DATE OF BIRTH (month, day, year) July 26 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME George E. Young

14. BIRTHPLACE (city or town) (State or country) Prince Frederick

MOTHER

15. MAIDEN NAME Edna Goodrich

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Ruth Young Prince Frederick Calvert Co

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Ch. Cem. Date July 19 1936

19. UNDERTAKER (Address) A. Gaylord Evans 1400-02 Eutaw Pl. Baltimore Md

20. FILED 19 Huntington Williams Registrar.

JUL 18 1936

MEDICAL CERTIFICATE OF DEATH ×

21. DATE OF DEATH (month, day, year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9 1936 to July 17 1936

I last saw him alive on July 17 1936 Death is said to have occurred on the date stated above, at 8:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undulant Fever	June 9 1936
Generalized peritonitis	June 20 1936

Other contributory causes of importance:

Was an operation performed? Yes Date June 30 1936

For what disease or injury? Ulceration

Name of operation Exploration Date of June 30 1936

What test confirmed diagnosis? Agglt. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hospital

Spec.—1-12-23—M&T—500 Bks.

F 25832

F 25832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Druid Hill Ave) (ST.) (WARD)

2-FULL NAME Henry Mack Parks

(a) RESIDENCE NO. 1217 Druid Hill Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha H. Parks

6 DATE OF BIRTH (month, day, and year): Dec 16, 1876

7 AGE: Years 59 Months 6 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tutor

(b) General nature of industry, business, or establishment in which employed (or employer): Pub Sch

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Martha H. Parks

15 Filed July 18 1936, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 36, to July 15, 19 36, that I last saw h[illegible] alive on July 14, 19 36, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH was as follows:

Heart disease

(duration) ..... yrs. ..... mos ..... ds.

None CONTRIBUTORY (Secondary) Heat prostration over work

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. J. Coleman M. D.

July 16 1936 (Address) 939 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jos. Auburn Cem

DATE OF BURIAL: 7-18-1936

UNDERTAKER: Jos. Geo. L. Hollan

ADDRESS: 1631 Pa Ave

F 25833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25833

CERTIFICATE OF DEATH

95-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 19-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Coates

(a) Residence: No. 909 Argyle Ave St., Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Coates

6. DATE OF BIRTH (month, day, year) 10-2-1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Abraham Coates

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Bessie Coates

(Address) 909 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/20 19 36

19. UNDERTAKER Chas. S. Cooper

(Address) 514 N. Calhoun St.

20. FILED 19 (Registrar)

JUL 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1936 to July 16 1936

I last saw him alive on July 16th 1936 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic cardio-vascular disease	Mar. 36
Emphysema	

Other contributory causes of importance:

Rickets

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

25834

✓ F 25834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St. 66-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME JOSEPH HEILMANN

(a) Residence: No. 3403 Kenyon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Heilmann

6. DATE OF BIRTH (month, day, year) Sept. 13- 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	9 10	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Park Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Govt

10. Date deceased last worked at this occupation R. I. P.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Heilmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Kunkel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sadie Heilmann (Wife)
(Address) 3403 Kenyon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 20/36

19. UNDERTAKER Lilly & Feilenbaum
(Address) 405 Hollins St

Registered this 18 day of JUL 18 1936, 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16/36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7-16-36
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Bodemann M. D.
Coroner

(Address) Coroner

F 25835 ✓ F 25835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warren Alvah Jones

If U. S. Veteran specify WAR

(a) Residence: No. 412 W 29th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 30th, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Warren W. Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Loretta Snouffer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Warren A. Jones.
(Address) 412 W. 29 St.

18. BURIAL, CREMATION, OR REMOVAL now
Place London Park Cem. Date July 20/ 36

19. UNDERTAKER Walter Dunn
(Address) 3418 Chestnut Ave. Huntington Hill

20. FILED 19

19 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1936, to July 17, 1936

I last saw him alive on July 17, 1936. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - pneumococcus Type II	7/15/36
Convulsions Sinus Thrombosis	7/15/36

Other contributory causes of importance:

Pneumonia	6/15/36
Emphysema 1 left	6/20/36

Was an operation performed? Yes. Date of 6/20/36 7/10/36

For what disease or injury? Emphysema

Name of operation Thoracotomy left + chest. Date of 6/20/36 7/10/36

What test confirmed diagnosis? Clinical + Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M M Copeland M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

25836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25836

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospt. St., 7b-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Steinbach

(a) Residence: No. 3930 Clairmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 4 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Gottlieb Steinbach

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Fr Lehmann —?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian Steinbach
(Address) 1617 N Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel — Date 7-20-, 19

19. UNDERTAKER Wendell E Humphreys
(Address) 1121 E Broadway

FILED JUL 18 1936, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 - 1936 to July 16, 1936

I last saw h in alive on July 16, 1936. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
old fibrinous pulmonary Tuberculosis	
Secondary Anemia	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Marian Hoeenter M. D.

(Address) Franklin Square Hospital

25837

HEALTH DEPARTMENT—CITY OF BALTIMORE

25837

CERTIFICATE OF DEATH

34-1-72-aF

Registered No. 14184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Wigsmith

(a) Residence: No. 213 N. Pine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) Dec. 1, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 6027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina (State or country)

FATHER

13. NAME Toby Dudley

14. BIRTHPLACE (city or town) North Carolina (State or country)

MOTHER

15. MAIDEN NAME Martha Tate

16. BIRTHPLACE (city or town) North Carolina (State or country)

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Weland N.C. Date 7/22/36

19. UNDERTAKER Robert F. Williams & McCleary

(Address) 15-15

20. FILED JUL 18 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1936 to 7-17, 1936

I last saw her alive on 7-17, 1936 Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aleukemic Lymphatic Leukemia	5-1-36
Anemia, Secondary	5-1-36

Other contributory causes of importance:

Was an operation performed? Biopsy Gland Date of 6-26-36

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey, M. D.

(Address) Baltimore City Hospitals

25838

HEALTH DEPARTMENT—CITY OF BALTIMORE

25838

CERTIFICATE OF DEATH

1 122-13

15031

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., No. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Miller

(a) Residence: No. Balto. City Hospitals St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-51

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc... 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Anna Schneider

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 7/18, 1936

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1818 Light St

JUL 18 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1923 to 7-13, 1936

I last saw him alive on 7-13, 1936 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to	
Adhesions	7-9-36
Auricular Fibrillation	7
	1

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-12-36

For what disease or injury? Intestinal Obstruction due Adhesions.

What test confirmed diagnosis? Gerston Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Brantigan M. D.

(Address) Baltimore City Hosp.

F 25839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25839

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. 14668

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Newton (George E. Newton)

(a) Residence: No. 4 S. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie C. Newton

6. DATE OF BIRTH (month, day, year) 6-5-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairing of Dolls

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doll

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alfred Newton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sophie Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 20, 1936

19. UNDERTAKER Fort & Cook
(Address) 1003 E. Baltimore St.

20. FILED 7-20-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1936 to 7-17, 1936

I last saw him alive on 7-17, 1936 Death is said to have occurred on the date stated above, at 6.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1 yr.

Other contributory causes of importance:

Diabetic gangrene rt. foot.	8 wk.

Was an operation performed? yes Date of 7-10-36

For what disease or injury? Gangrene Rt Foot

Name of operation Amputation rt leg Date of 7-10-36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) F. T. Carpenter M. D.

(Address) Balto. City Hospitals

Spec.—2-29-28—L. F. S.—500 Bks.

F 25840 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25840

CERTIFICATE OF DEATH

94-B

REGISTERED NO. 16-8

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Mt. Holly ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Frederick Charles Dehne

(a) RESIDENCE NO. 706 Mt Holly St ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Myrtle Dehne

7 DATE OF BIRTH (month, day, and year) Jan 18, 1893

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	28	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver - Auto. 23

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry 007

(c) Name of employer Oliver De Hoff.

10 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER August Dehne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Keyser.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Myrtle Dehne

(Address) 706 Mt. Holly St.

Filed JUL 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1936

17 I HEREBY CERTIFY, That I attended deceased from 1930, 19, to July 16, 1936.

that I last saw h. alive on July 16, 1936

and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) O. Walter Schmick M.D. M. D.

. 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 7/20/36

20 UNDERTAKER Geo A Tilley ADDRESS Fulton Sq

M. D. B 1268-9

25841

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25841

CERTIFICATE OF DEATH

20-6-82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bons Secours Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa B. Fureschi

(a) Residence: No. 510 Caton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E. Fureschi

6. DATE OF BIRTH (month, day, year) April 21, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Edward Spangenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Kessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank E. Fureschi (husband)
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Date 7/20/36

Place Loudon Park

19. UNDERTAKER Geo. A. Foley
(Address) Fulton & Fayette

20. FILED JUL 19 1936, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
her death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Sudden	

Other contributory causes of importance: .....

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify .....

(Signed) Wes H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

25842 F 25842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St. 12-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Sheridan Wilson

(a) Residence: No. Stewartstown, St., Ward. Pennsylvania.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT James Wilson
(Address) Stewartstown Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Stewartstown Pa Date July 21 1936

19. UNDERTAKER H. Howard Orbit
(Address) Stewartstown Pa

20. FILED JUL 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7 1936 to July 18 1936

I last saw him alive on July 18 1936 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-11-36
Arteriosclerosis	1920
Hypertension	1920
Other contributory causes of importance: Uremia	7-13-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? —, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Robert H. Oliver M. D.
(Address) Union Memorial Hospital

M. D. B. 1368-0

25843

F 25843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 28-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Anthony Meyer

(a) Residence: No. 4419 Belview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Hofmann Meyer

6. DATE OF BIRTH (month, day, year) March 31 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) July 1 - 1936

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Charles Co. Maryland

FATHER

13. NAME Otto Co. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Ullmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Hofmann Meyer
(Address) 4419 Belview Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date July 20 1936

19. UNDERTAKER Elizabeth Hurle Inc.
(Address) 115 E. Lexington St.

JUL 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cerebral hemorrhage	
Fracture of right small finger	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/15 1936

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from a ladder

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1914 E. Northern Ave.

25844 40 Bachme E 25844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7 St., 4-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Bachmre.

(a) Residence: No. 709 E. Lombard St., Ward. Color 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1867.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME Rudolf - Bachmre

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Brauns Cemetery July 11, 1936

(Date)

19. UNDERTAKER Elmer W. Conklin Funeral Home

(Address) 527 E. Eager St.

20. FILED ..... 19 ..... Registrar.

Huntington Ave

JUL 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10th 1936 to July 16 1936

I last saw him alive on July 16th 1936 Death is said to have occurred on the date stated above, at 1.33 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic heart disease	1930
(Other contributory causes of importance: Coronary occlusion	July 3

Was an operation performed? no. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ward A. Allen M. D.

(Address) Johns Hopkins Hospital.

M. D. F. 1268-9

F 25845

F 25845 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 S. High St. 3-W Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chana Hannah Freeman

(a) Residence: No. 217 S. High St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Aaron

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph White
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Freeman
(Address) 127 South High

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rydedale Date 7-19- 19 36

19. UNDERTAKER Jack Lewis Inc.
(Address) 1739 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

19 1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1936 to July 18 1936

I last saw her alive on July 18 1936 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease c. Hypertension, Chronic renal Disease c. Diabetes mellitus	Several years
Other contributory causes of importance:	
Myocardial Failure	10 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. Freeman M. D.

(Address) 2340 Eutaw Place

F 25846

M. D. B. 1268-9

25846 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5508 Reisterstown Rd. St., 36-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Douglas Stamer

(a) Residence: No. 5508 Reisterstown Rd. St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
M	W.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harry C Stamer

6. DATE OF BIRTH (month, day, year) Sept 14 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving-Hauling

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moving

10. Date deceased last worked at this occupation (month and year) Aug 1933

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Tampa Florida

FATHER

13. NAME Henry L Stamer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ora Hilton

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Mrs Mary C Stamer (Address) 5508 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery July 20 1936

19. UNDERTAKER Patterson & Co

(Address) 5224 Reisterstown Rd.

20. FILED July 19 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 F. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9 1934 to July 18 1936

I last saw him alive on July 18 1936 Death is said to have occurred on the date stated above, at 2-9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Tuberculin there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James L. Abrahamson M. D.

(Address) 4012 Pimlico Rd

M. D. F. 1268-9

F 25847

25847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91-a

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. 6 St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Phyllis Leib.

(a) Residence: No. Boiling Spring, Penna St., Ward. Cumberland County.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916 - April

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Harrison Leib.

14. BIRTHPLACE (city or town) (State or country) Carlisle, Penna.

MOTHER

15. MAIDEN NAME Mary Shelby.

16. BIRTHPLACE (city or town) (State or country) Carlisle, Penna

17. INFORMANT Church Home + Inf.
(Address) Carlisle, Penna.

18. BURIAL, CREMATION, OR REMOVAL
Place Church Town Cem. Date July 22 1936

19. UNDERTAKER M. John A. Miller
(Address) 2334 Jefferson St

FILED [illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936, to July 19 1936.
I last saw her alive on July 19 1936. Death is said to have occurred on the date stated above, at 12:12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis Streptococcus viridans.	
Septicemia.	
Other contributory causes of importance:	
Brain abscess	July 9, 1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) John A. Myers. M. D.

(Address) Church Home + Inf.

F 25848

F 25848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4019 Roland Ave St., 137 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Blakeney

(a) Residence: No. 4019 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27-1858

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME John Blakeney

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Staunt

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Loyal M. McKee

(Address) 4019 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 21 1936

19. UNDERTAKER Horace F. Burger

(Address) 3631 Falls Road

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1936

I HEREBY CERTIFY, That I attended deceased from July 7 1936 to July 18 1936

I last saw h alive on July 18 1936 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 mos
Other contributory causes of importance:	
Arteriosclerosis	6 mos

Was an operation performed? Date of

For what disease or injury? about

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Evans, M. D.

(Address) 612 N 46

F 25849 F 25849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4506 Falls Road St., 27-15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Harry C. De Long

(a) Residence: No. 4506 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clare L. De Long

6. DATE OF BIRTH (month, day, year) June 24-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Denton Maryland

FATHER

13. NAME Sidney DeLong

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Estella Stafford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Clare L. De Long
(Address) 4506 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel (Balto Co) July 20 1936

19. UNDERTAKER Horace F. Burgee
(Address) 3621 Falls Road

Huntington Hill

L 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17- 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936 to July 17, 1936

I last saw him alive on July 17, 1936 Death is said to have occurred on the date stated above, at 12:08 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	2/12
	4-30

Other contributory causes of importance:

Was an operation performed? Yes Date of May 1936

For what disease or injury? Abscess gland submaxillary

Name of operation Excision of gland Date of May 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so specify —

(Signed) Thomas Dorsey M. D.

(Address) 846 W 36 St

25850

F 25850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Carey St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward A. Thomas

(a) Residence: No. 427 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Thomas

6. DATE OF BIRTH (month, day, year) June 17, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 7/10/36

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jerry Thomas

(Address) 427 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7-19 1936

19. UNDERTAKER Wm. Geo. E. Holland

(Address) 1631 Druid Hill Ave.

20. FILED 7-17-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/36

22. I HEREBY CERTIFY, That I attended deceased from April 9 36 19..., to 7/16/36 19... Last saw h. alive on 7/15/36 19... Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma Prostate	4 Mo
Uremia	

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 4/1/36

For what disease or injury? Prostatectomy

Name of operation? Yes Date of 4/1/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. C. Ellis, M. D.

(Address) 424 Mulberry St.

M. F. B 25851

F 25851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Baltimore City Hospitals — St., 14 — Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Randolph Suter

(a) Residence: No. 1401 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Suter

6. DATE OF BIRTH (month, day, year) Feb 2 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, [illegible] Iron Truck 20 x 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 7-11-36

11. Total time (years) spent in this occupation 2yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. Name Charles Suter

14. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Bessie Wilson

16. BIRTHPLACE (City or town) (State or country) Ohio

17. INFORMANT Nellie Nelson

(Address) 1401 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 16 1936

19. UNDERTAKER Geo Holland

(Address) 1631 Druid Hill Ave

[illegible] Registrar.

20. FILED 7-16-1936

(over)

MEDICAL CERTIFICATE OF DEATH 5.15 AM

21. DATE OF DEATH (month, day, year) 7-12-36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	7/12/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-12 1936

Where did injury occur? Dundalk Ave near S. Clinton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Nature of injury Automobile ran over and struck Telephone Phone

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Burley Coroner, M. D.

(Address) 907 N. Charles St

F 25852

F 25852

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 North Eutaw St., 11-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy M. Kane

(a) Residence: No. 1029 N. Eutaw St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Palmer M. Kane

6. DATE OF BIRTH (month, day, year) December 25, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife W 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Claude L. Mantler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Della Bathan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Palmer M. Kane

(Address) 1029 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date July 21st 1936

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. Signed 19 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936, to July 18, 1936. Last saw h er alive on July 18, 1936. Death is said to have occurred on the date stated above, at 7.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	June 35
Other contributory causes of importance: Cerebral Hemorrhage	3/24/36

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Williams Frey M. D.

(Address) 1928 Pennsylvania Ave.

✓ F 25853

25853 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2431 North Calvert St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify War or Record

2. FULL NAME Ellenia Wilson

(a) Residence: No. 2431 North Calvert St., Ward.

(Usual place of abode) 80 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sick

10. Date deceased last worked at this occupation (month, year) 1929

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Capt. Levi Wilson

14. BIRTHPLACE (city or town) (State or country) North East Md

MOTHER

15. MAIDEN NAME Mary E. Realey

16. BIRTHPLACE (city or town) (State or country) Elkton Md

17. INFORMANT Permelia M. Wilson

(Address) 2431 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 20 36

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

(Signed) Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from 1931 to July 18 1936

I last saw h[illegible] alive on July 17 1936. Death is said to have occurred on the date stated above, at 4.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Decub. & Hemorrhage Rt. Hemiplegia	1929
Cerebral sclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage July 17	1936

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease ~~or injury~~ in any way related to occupation of deceased? No If so, specify ✓

(Signed) John S. Bishop M. D.

(Address) 12 E. 25th St.

25854 ✓ F 25854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-13 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Millie Apsley

If U. S. Vet. specify WAR No Record

(a) Residence: No. 6003 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Mr Apsley (George R.)

6. DATE OF BIRTH (month, day, year) Nov 18 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 57	8 7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John B Steven

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Jane Kelly

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Nellie E. Apsley

(Address) 6003 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Chapel Rock Hall Md Date July 20th 1936

19. UNDERTAKER Wm Groff

(Address) 1217 St. Paul St.

20. FILED 19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to July 17, 1936

I last saw her alive on July 17 1936 Death is said to have occurred on the date stated above, at 11 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative Adhesions	
Other contributory causes of importance:	
Cerebral Embolus.	

Was an operation performed? Yes Date of 5/26/36. 7/15/36

For what disease or injury? Closure of Colostomy. Intestinal Obst.

Name of operation Colostomy & Laparotomy Date of 5/26/36. 7/15/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Guy Brown M. D.

(Address) Mercy Hospital

F 25855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Castle Street St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Myszkowski

(a) Residence: No. 244 S. Castle Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Myszkowski

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ~~Unknown~~

14. BIRTHPLACE (city or town) (State or country) poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Edward Myszkowski

(Address) 244 S. Castle Street

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem Date July 20 1936

19. UNDERTAKER John M Weber

(Address) 401 S. Chester St

20. FILED JUL 19 1936 Huntington Williams Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14 1936 to July 17 1936

I last saw h[illegible] alive on July 17, 1936 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (acute)	3 days
Other contributory causes of importance:	
Toxemia	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2007 E. Pratt St.

M. D. B. 1268-b

25856

F 25856

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 12-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry J. Dumler.

(a) Residence: No. 348 E University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dumler

6. DATE OF BIRTH (month, day, year) Oct 19, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobber do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Dumler.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Annie Ruder

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Mary H. Dumler
(Address) 348 E. University Pkway

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem Date 7/20/36

19. UNDERTAKER Chas. S. Davis & Son
(Address) 1811 and Royal Ave

19 1936 Register's Office

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to 1:45 P.M. & 9:00 A.M. 19.....

I last saw him alive on July 17, 1936. Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease.	

Other contributory causes of importance:

~~Carcinoma metastases to mediastinums from tongue.~~

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John A. Myers M. D.

(Address) Church Home & Inf.

25857 HEALTH DEPARTMENT—CITY OF BALTIMORE E 25857

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 529 S. Luzerne ave 1st Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A Maxwell
If U. S. Veteran specify WAR

(a) Residence: No. 529 S. Luzerne ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed or divorced HUSBAND (or) WIFE of: John Maxwell
6. DATE OF BIRTH (month, day, year): Apr 15 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 603
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt
FATHER
13. NAME: Joseph Conkelin
14. BIRTHPLACE (city or town) (State or country): Ind.
MOTHER
15. MAIDEN NAME: Mary Kirby
16. BIRTHPLACE (city or town) (State or country): Ind.
17. INFORMANT: Mary A. Maxwell
(Address) 529 S. Luzerne ave
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Carmel Date: July 20 1936
19. UNDERTAKER: John A. Moran
(Address) 3000 E. Baltimore
20. FILED 19 Registrar.

L 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/17/ 1936
22. I HEREBY CERTIFY, That I attended deceased from July 9 1936 to July 17 1936
I last saw h[illegible] alive on July 17 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 9 '36
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo F. Kharasch M. D.
(Address) 126 S. Patterson Pk. Ave

F 25858

M. D. B 1268-9

25858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 14-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Godfrey

(a) Residence: No. 421 Lawrence St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo Godfrey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Lyles

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Godfrey

(Address) 421 Lawrence St.

18. BURIAL, CREMATION, OR REMOVAL

Place Peters Cemetery Date July 20 1936

19. UNDERTAKER Eugene Waters

(Address) 1825 Pentz Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	July 14 36
Other contributory causes of importance: Pertussis	1 month

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Nebu Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Allen Coroner M. D.

(Address) 520 Augusta Ave

OCCUPATION IS VERY important. See instructions on back of certificate.

19 1936

M. D. B. 1268-9

F 25859

25859 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 54-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. President Hospital Ward) 14-3
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Bond
(a) Residence: No. Aberdeen Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): May 8-1906
7. AGE: Years 30 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford County Md
FATHER
13. NAME: George Bond
14. BIRTHPLACE (city or town) (State or country): Md
MOTHER
15. MAIDEN NAME: Mary Green
16. BIRTHPLACE (city or town) (State or country): Md
17. INFORMANT (Address): Hospital Records
18. BURIAL, CREMATION, OR REMOVAL: Harford County Md
Place: Mt Calvert Cemetery Date: July 22 1936
19. UNDERTAKER (Address): Henry Garringer & Son Aberdeen Md.
20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1936
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pedunculated Tumor of Ovary	July 1 1931
Acute Peritonitis	July 18 1936

Other contributory causes of importance:

Was an operation performed? Yes Date July 18-36
For what disease or injury? Operation Lumbar
Removal of Pedunculated Tumor Date of July 18 36
What test confirmed diagnosis? Hesterey Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. J. Allen Coroner, M. D.
(Address) 50 Aberdeen Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25860

25860 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Cecil Ave St. 9-8 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia McDaniel Wirtz

(a) Residence: No. 2210 Cecil Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Louis Wirtz

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Nagel

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Reaton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm. F. Corkran
(Address) 1212 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 11 1936

19. UNDERTAKER Wm. F. Kieffer
(Address) 501 E. 22nd St.

20. FILED JUN 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7 16/36

Other contributory causes of importance:

Myocarditis and Diabetes Mellitus

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury XX 19XX

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Otto F. Burkey M. D.

(Address) 928 E. Fort Ave

F 25861 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25861

CERTIFICATE OF DEATH

X 66-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ½ mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Grace Bevard

(a) Residence: No. Elderburg, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Harry Brevard

6. DATE OF BIRTH (month, day, year) Aug 8-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	8 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Elijah Scrimger

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Elvira Hobbs

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mrs Harry Brevard
(Address) Elderburg Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 22 1936

19. UNDERTAKER J. F. Elmer Sons
(Address) Westminster Md

JUL 20 1936 Washington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1936 to July 19 1936

I last saw her alive on July 19, 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic goiter	2

Other contributory causes of importance:

Generalized arteriosclerosis. Cerebral embolism Cardiovascular dis.

Was an operation performed? Yes Date of July 17, 1936

For what disease or injury? Toxic goiter

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward Cotes, M. D.

(Address) University Hospital

H. D. B. 1269-9

25862

HEALTH DEPARTMENT—CITY OF BALTIMORE

25862

93-e

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael G. Wagner

if U. S. Veteran specify WAR —

(a) Residence: No. 1001 E. Lanvale Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Badders

6. DATE OF BIRTH (month, day, year) Sept; 19th, 1880.

7. AGE	Years	Months	Days	If LESS than 1 day or ... min.
	55	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 608

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles A. Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Barbara Arnold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Wagner (Brother)

(Address) 1001 E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. July 20, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Herford Ave.

20. FILED JUL 20 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North Ave.

F 25863 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25863

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 S. Paca Street, St., 22-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Grebliauckas

(a) Residence: No. 423 S. Paca Street, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Grebliauckas

6. DATE OF BIRTH (month, day, year) ? 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME John Medalis

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME Eva Dumcus

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT John Grebliauckas, Sr.
(Address) 423 S. Paca Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 22, 1936

19. UNDERTAKER John A. Grebliauckas Jr.,
(Address) 423 S. Paca Street.

20. FILED JUL 20 1936 [illegible] Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1935 to July 17, 1936

I last saw her alive on July 17, 1936 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance:	

Was an operation performed? YES Date of April 3, 1936

For what disease or injury? Carcinoma ?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Oper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edward F. Mulan, M. D.

(Address) 682 Washington Blvd

M. D. B 1268-9

25864

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25864

CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 6-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Eastwood

If U. S. Veteran specify WAR .....

(a) Residence: No. 1123 N. Lay St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Sadie Eastwood

6. DATE OF BIRTH (month, day, year) August 11 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watch Maker 54

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Joseph Eastwood

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Eastwood

(Address) 1662 Normal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date July 20 1936

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED JUL 20 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/18, 1936

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot / head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North ave

OCCUPATION is very important. See instructions on back of certificate.

F 25865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25865

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Carlos Ave 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Armstrong

(a) Residence: No. 1616 Carlos Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Heil

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Estep

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Agnes Heil
(Address) 1616 Carlos Ave

18. BURIAL, CREMATION, OR REMOVAL Interred
Place Friendship Date July 20 19 36

19. UNDERTAKER Rayner Sander
(Address) 1423 E. Fayette St

20. July 20 1936 19 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12 1936 to July 17 1936

I last saw her alive on July 17 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Sometime in 1935

Other contributory causes of importance:

Name of operation Bx & X Date of

What test confirmed diagnosis Bx & X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) H. Garland Armstrong M. D.

(Address) 534 Druid Hill Ave

25866 E 25866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

#15112 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Wren

(a) Residence: No. 1120 E. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/21 1936

19. UNDERTAKER Albert Fuhrman
(Address) Huntington Williams

20. FILED JUL 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1936 to 7-16, 1936

I last saw him alive on 7-16, 1936 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-11-36
Bronchopneumonia (Primary)	7-14-36
Hypertensive cardio-vascular disease	Unknown
Other contributory causes of importance: Generalized Arteriosclerosis	"

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F Rainey M. D.
(Address) Baltimore City Hospitals

F. 25867

F. 25867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 166

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harlem Apts Broadway St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... World War

2. FULL NAME Arthur Gordon

(a) Residence: No. 1014 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand & do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co Virginia

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia McHart

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co Virginia

17. INFORMANT Nellie Jones (Sister)
(Address) 1014 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 7/20, 19 36

19. UNDERTAKER Chas A Jackson & Co
(Address) 1116 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

Huntington Williams

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance: Probably temporarily insane

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 14, 1936

Where did injury occur? Bath Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bath Beach Patapsco Broadway

Manner of injury Fell off overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. M. Wright, M. D.
Coroner

(Address) 1010 S. Wolfe St.

M. D. B. 1268-9

F 25868

U-746

F 25868 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 83

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Blake

(a) Residence: No. 810 Vine Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-18-03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbia
(State or country) S.Carolina

FATHER

13. NAME Willie Blake

14. BIRTHPLACE (city or town)
(State or country) S.Carolina

MOTHER

15. MAIDEN NAME Katie Jackson

16. BIRTHPLACE (city or town)
(State or country) S.Carolina

17. INFORMANT Records
(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 20, 19 36

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N Schroeder St

20. JUL 20 1936, 19 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-30-32, 19..., to 7-17-36, 19...

I last saw h... in alive on 7-17-36, 19... Death is said to have occurred on the date stated above, at 8:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	June 1931
Other contributory causes of importance:	
Epileptoid convulsions	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) O. L. Reynolds, M. D.

(Address) Baltimore City Hospital

F 25869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. F 25869

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 N Chester st St., 6-4 Ward) 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Ann Higgins

(a) Residence: No. 234 N Chester st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T Higgins

6. DATE OF BIRTH (month, day, year) March 30 th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Francis

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eliza Mc Kewen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Estelle Wilkison
(Address) 6015 Pinehorst road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date July 21. 1936

19. UNDERTAKER John Albrecht
(Address) 2008 Eastern Ave

20. FILED JUL 20 1936, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to July 19, 1936

I last saw her alive on July 18, 1936 Death is said to have occurred on the date stated above, at 1, 35 m a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1927
Other contributory causes of importance:	
acute Cardiac - Bilateral	7/15/36

Was an operation performed? Yes Date of Sept 9 1927

For what disease or injury? Subpesalle Carcinoma of stomach.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George L Pilster M. D.

(Address) 437 S Pattison Park Ave.

F 25870

M. D. B. 1388

25870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH: John Hopkins Hospital

CITY OF BALTIMORE: (No. ~~Elizabeth~~ ..... St., 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Strawthers

(a) Residence: No. 2107 Hargrove St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Strawthers

6. DATE OF BIRTH (month, day, year): Oct 10, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Peter Curtis

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Albert Strawthers 2107 Hargrove St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem. Date 7/21 1936

19. UNDERTAKER (Address): Frances A Hemsley 3711 W. Biddle St.

Huntington Pittsburgh Pa

Filed ..... 19 ..... Registrar.

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured diverticulum of ileum	
	2 wks

Other contributory causes of importance:

Peritonitis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenken M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 25871

M. D. B. 1268-5

F 25871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Druid Hill St 17-2 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amanda Robinson

(a) Residence: No. 1332 Druid Hill Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Robinson

6. DATE OF BIRTH (month, day, year) March 8-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT David Robinson
(Address) 1332 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7/20 19 36

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. Filed JUL 20 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 17 1934

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Roger L. Allen M. D.
Coroner

(Address) 50 Aisquith St

OCCUPATION is very important. See instructions on back of certificate.

F 25872

F 25872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? 13 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Celia Brodzuicki

(a) Residence: No. 1627 E. Balto. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jaib

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Miriam

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben. Brodnick

(Address) 2221 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7-20, 1936

19. UNDERTAKER Jenkins Lewis Sons

(Address) 1639 E. Balto. St.

Huntington Williams, Jr.

20. FILED 20 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to July 19, 1936

I last saw h.e.r. alive on July 19, 1936 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/17/36

Other contributory causes of importance:

Cardiac Decompensation
Carcinoma of Caecum

Was an operation performed? Yes Date of 7/16/36

For what disease or injury? Carcinoma of Caecum

Name of operation Ileo-transcolostomy Date of 7-16-36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Mickelson, M. D.

(Address) Sinai Hospital

F 25873

F 25873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 25-10

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. 32 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ida Sayetsman

(a) Residence: No. 3801 Chatham Rd Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Wm Sneider

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bloomid

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gilbert Freidel

(Address) 434 Keyser Tower Bldg.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Sinai Date 7/20 1936

19. UNDERTAKER Paul Lewin Inc

(Address) 1439 E. Baltimore St

FILED ... 19 ... Registrar

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11 1936, to July 19 1936

I last saw her alive on July 19 1936. Death is said to have occurred on the date stated above, at 9:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral hemorrhage	
Arteriosclerosis	
Cardiac hypertrophy & dilatation	

Other contributory causes of importance:

Edema of lungs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul W. Swan M. D.

(Address) Sinai Hospital

F 25874 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25874

CERTIFICATE OF DEATH

15-5 108

1. PLACE OF DEATH Druid Park Apartments

CITY OF BALTIMORE: (No. 3000 Reisterstown Road St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Regina Sauers

If U. S. Veteran specify WAR .....

(a) Residence: No. 3000 Reisterstown Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick Paul Sauers

6. DATE OF BIRTH (month, day, year) Aug 14th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John Pfeiffer

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Christina ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Gennevie Sauers
(Address) 3000 Reisterstown Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date July 20th 19 36

19. UNDERTAKER J. M. Fichter & Sons
(Address) [illegible]

20. FILED ..... 19 ..... Registrar

JUL 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936 to July 17 1936

I last saw her alive on July 17 1936. Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M N Futterman M. D.

(Address) 2324 Reisterstown Rd

25875 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25875 F 96

1. PLACE OF DEATH University Hosp. St., 4-2 Ward) Registered No.

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hulett

(a) Residence: No. Chestertown, Md. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hulett

6. DATE OF BIRTH (month, day, year)				If LESS than 1 day, hrs. or min.
7. AGE	Years	Months	Days	
	48	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Hulett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Catherine Hulett R.F.D. Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Pauls-Kent Co Date July 21, 1936

19. UNDERTAKER (Address) Jos. Jackson & Sons Inc. Funeral Directors Chestertown, Md.

JUL 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1936, to 7-19, 1936. Death is said

I last saw h.e.m. alive on 7-19, 1936, at 9:30 Am.

to have occurred on the date stated above, at

The principal cause of death and related causes of Importance were as follows:

Ruptured aneurysm at Rt. internal

Peduncle

Subarachnoid hemorrhage.

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward L. Cotter M. D.

(Address) University Hospital

5876 | 81 ✓ F25876

3 16

HEALTH DEPARTMENT—CITY OF BALTIMORE

× 53-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benedetto Leone

(a) Residence: No. 404 Bedford St., Ward. Johnstown Penn^a

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-22-92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R-R- Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominick Leone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Degiovanne

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnstown, Pa Date 7/20/36

19. UNDERTAKER Chas. Mitchell & Son, Inc.

(Address) 1900 Eutaw Place

Huntington Williamsport, Pa.

20. DATE 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to July 20, 1936

I last saw h... alive on July 20, 1936 Death is said to have occurred on the date stated above, at 155 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral glioma malignant	2 months

Other contributory causes of importance:

none

Was an operation performed? yes Date of July 17, 1936

For what disease or injury? Brain Tumor

craniotomy performed

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Cushing M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 25877

F 25877 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3752 Old Frederick Road Ward 23)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 8 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward F. B. Creighton

(a) Residence: No. 3752 Old Frederick Road, ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Her Creighton

6. DATE OF BIRTH (month, day, year) Oct 31st 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44.	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk. Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Court

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Geo W. Creighton

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Cecelia Carr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mary L. Creighton

(Address) 3752 Old Fred Road.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/21 1936

19. UNDERTAKER John F. Conway & Son

(Address) 1901 W. Baltimore St.

Huntington Avenue

21 JUL 1936 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to July 18 1936

I last saw h.. alive on 7/18 1936 Death is said to have occurred on the date stated above, 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	7/18/36

Other contributory causes of importance:

Pulmonary Tuberculosis	1934
Symptomatic Epilepsy	Dec 1935
Myocardial Changes	" "
Generalized Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dawson P. Alagia M. D.

(Address) 3326 Fredericks Rd Balto Md.

25878

HEALTH DEPARTMENT—CITY OF BALTIMORE

25878

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1066 W. Fayette St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margarette H. Savoy.

If U. S. Veteran specify WAR

(a) Residence: No. 1066 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Color

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Savoy.

6. DATE OF BIRTH (month, day, year): Jan 14th 1886.

7. AGE: Years 50 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Cleaning

10. Date deceased last worked at this occupation (month, day, year): 7/17/36.

11. Total time (years) spent in this occupation: 30.

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER

13. NAME: Lee Wills.

14. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER

15. MAIDEN NAME: Emma Thacker

16. BIRTHPLACE (city or town) (State or country): Acworth Ga

17. INFORMANT (Address): Radie Earle (Sister) 605 Norris

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Auburn Date: July 21st 1936

19. UNDERTAKER (Address): Joseph A. Liberty 1419 N. Mount Street

20. FILED JUL 20 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1936 to 7/18, 1936

I last saw her alive on 7/18, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	7/11/36
Coma	
Other contributory causes of importance:	
Hypertension	12/20/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) L. T. Dawson M. D.

(Address) 622 N. Arlington Ave

F 25879

25879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Windsor Ave St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Elizabeth Joyce

(a) Residence: No. 2919 Windsor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert B Joyce

6. DATE OF BIRTH (month, day, year) Sept 17, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frederick Seyfried

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Kusmaulle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Robert A Joyce

(Address) 2919 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 22nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1935 to July 19, 1936

I last saw her alive on July 19, 1936. Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis (generalized).	1935
Other contributory causes of importance: cerebral hemorrhage	7/17/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Kripp M. D.

(Address) 3535 Edmondson Ave.

F 25380

25880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Calvert St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Francis Clarke

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2502 Calvert St., Ward.
(Usual place of abode) 56 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude M. Clarke

6. DATE OF BIRTH (month, day, year) April 9 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Shipper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O. R. R. Co.

10. Date deceased last worked at this occupation (month, year) 1929

11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME James E. Clarke

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Catherine Dunlap

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Gertrude E. Clarke

(Address) 2502 St. Calvert

18. BURIAL, CREMATION, OR REMOVAL

Place Torsaine Date July 22 1936

19. UNDERTAKER William Bloch

(Address) 217 St. Paul Street

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936 to July 20, 1936

I last saw h[illegible] alive on July 20, 1936 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteric Sclerosis	1920
Chronic nephritis	1920
Cardio-sclerosis	1920
Other contributory causes of importance: Old Age	—

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. & Lab. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Barton I. Taggart M. D.

(Address) 2229 Eutaw Place

F 25881

F. M. No. 25881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump. St. 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mo. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Thomas. (c) If U. S. Veteran specify WAR ...

(a) Residence: No. Westport Dump. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	---	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Benjamin Thomas. (c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth------(c)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward Brown (c) cousin.
(Address) 1107 Briscoe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ant Calvary Date 7/20/36

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED JUL 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration.	

Other contributory causes of importance:

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto M Reinhardt M. D.
Coroner

7/18/36 (Address) 1017 S. Charles St.

M. D. B 1268-9

25882

✓ F 25882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Battery Ave. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Dowles.(c)

(a) Residence: No. 811 Leadenhall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 16,1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. paid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Will Grace.(c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mabel Stevenson.(c)

16. BIRTHPLACE (city or town) (State or country) Cincinnatti, O.

17. INFORMANT Mabel Dawles.(mother)
(Address) 811 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn C. Date 7/20/36

19. UNDERTAKER Isaiah L. Brown & Son
(Address) 1 or 2 W Montgomery St

20. FILED JUL 20 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16,1936

22. I HEREBY CERTIFY, That I took charge of the remains, described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the neck, fall into shallow water and drowned.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Acrident, suicide, or homicide Accident Date of injury 7/16/36

Where did injury ocrur? Foot of Battery Ave.
(Specify city or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place Public place

Manner of injury Fall into shallow wate

Nature of injury Fractured neck & drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Leonhardt, M. D. Coroner

7/20/36 (Address) 1017 S. Charles St.

3/0872 E 25883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 25883

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-1 St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda Goldman

(a) Residence: No. 328 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/16/22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
14	13	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, etc., bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Archer Goldman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hilda Boyd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hot Calvary Cem Date July 21 36

19. UNDERTAKER Robert F Mulligan
(Address) 15 15th & Reedery St

20. FILED 19 Registrar

JUL 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1936 to July 18, 1936

I last saw h alive on July 18, 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3-8-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

F 25884

F 25884 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH University Hosp — Registered No. .....

CITY OF BALTIMORE: (No. Redwood Greene St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Katherine Green

(a) Residence: No. Ambassador Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Green

6. DATE OF BIRTH (month, day, year) ----------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	---	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME ------ Keenan

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Catherine Clark

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Miss Mary H. Green
(Address) Ambassador Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 7/21 19 36

19. UNDERTAKER Henry U. Mears & Son
(Address) 802 N. Calvert St.

20. FILED ..... 19 .....

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-16 , 1936 to 7-18 , 1936

I last saw h[illegible] alive on 7-18 , 1936 Death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure following the Anaesthesia	
Other contributory causes of importance: Arteriosclerosis, Suppurative Nephritis	

Was an operation performed? yes Date of 7/16/36

For what disease or injury? Suppurative Nephritis

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. M. Robinson Jr. M. D.

(Address) Maryland Hospital

M. D. B. 1268-9

25885 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25885

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp St., 5-K Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Locke

(a) Residence: No. 1047 Hillen St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Ret)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md Med School Date July 20, 19[illegible]

19. UNDERTAKER .....
(Address)

20 1936

[illegible]

2473

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Pulmonary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Elmer B. Wallace M. D.
Coroner

(Address) 1031 St. Paul St

F 25886

F 25886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas, or Harold Moore

(a) Residence: No. 837 W, Lexington St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NotKnown

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) NotKnown

FATHER

13. NAME NotKnown

14. BIRTHPLACE (city or town) (State or country) NotKnown

MOTHER

15. MAIDEN NAME NotKnown

16. BIRTHPLACE (city or town) (State or country) NotKnown

17. INFORMANT ...

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med School Date July 20 19 36

19. UNDERTAKER ...

(Address)

20. FILED [illegible]

20 1936

273

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1936, 19 .

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) 2757 Lexington

Name and address of physician, coroner, or other person who certifies to cause of death. (See instructions on back of certificate.)

OCCUPATION is very important.

M. D. B 1268-9

F 25887 ✓ F 25887.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 Market Pl St. H. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth?..yrs..mos..ds.

2. FULL NAME John D. Guthrie

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date July 20, 1936

19. UNDERTAKER

(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. B. Wallace M. D.

(Address) 1031 St Paul St Coroner

25888 ✓ F 25888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 728 S. Robinson St., 1-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Wich

(a) Residence: No. 728 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret Wich

6. DATE OF BIRTH (month, day, year): Apr 30 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pile Driver & Wharf builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1929
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Bavaria Germany

FATHER
13. NAME: George Wich
14. BIRTHPLACE (city or town) (State or country): Bavaria Germany

MOTHER
15. MAIDEN NAME: Barbara Dreschling
16. BIRTHPLACE (city or town) (State or country): Bavaria Germany

17. INFORMANT: Nicholas J. Schmidhelm
(Address): 728 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Heart Date: July 23rd 1936

19. UNDERTAKER: Lilly & Zilar Inc
(Address): 403 S. Howard St.

20 1936 Huntington Hallowell & Co Registrar

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to July 19, 1936
I last saw him alive on July 19, 1936 Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chronic Myocarditis	July 1935
Myocardial Failure	July 19

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None. Date of

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ed. Schmuck, M. D.

(Address) 842 S. Ellwood Ave

✓ F 25889

F 25889 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 66-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Solomon James Jones (Esther May)

If U. S. Veteran specify WAR .....

(a) Residence: No. Rock Hall, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Mr. Solomon Jones

6. DATE OF BIRTH (month, day, year) July 12, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	32	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md

FATHER

13. NAME John R. Dowling

14. BIRTHPLACE (city or town) (State or country) Rock Hall Md

MOTHER

15. MAIDEN NAME Susie Rodney

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. Int. Co. Date July 23. 1936

19. UNDERTAKER C. R. Goodwin Rock Hall Md.

CHURCH

20. FILED [redacted] Huntington Williams

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 20, 1936

I last saw her alive on July 20, 1936 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	5-15-36

Other contributory causes of importance:

Was an operation performed? yes Date of July 18, 1936

For what disease or injury? Thyrotoxicosis

Name of operation Thyroidectomy Date of July 18, 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Leslie Fleming, M. D.

(Address) Union Mem. Hosp.

M. D. F. 1268-9

F 25890 HEALTH DEPARTMENT—CITY OF BALTIMORE R 25890

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. 25-E St., Ward) Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Stolba

(a) Residence: No. 4503 6th St., Brooklyn Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Stolba

6. DATE OF BIRTH (month, day, year) July 26 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dyer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME James Stolba

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Mary Stolba

(Address) 4503 6th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date July 21 1936

19. UNDERTAKER Frank Coach & Son

(Address) 1906 Eastern Ave

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6 45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burn	
Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 17 1936

Where did injury occur? Edna Gardens (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury burned by hot dyes

Nature of injury burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Haas M. D.

Coroner

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

V 586

F 25891 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25891

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

Registered No. 14541

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospital St. 17-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Truiett, Melvin

(a) Residence: No. 509 Hoffman St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/25/1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Phillip Truiett

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Bessie Johnson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 22 1936

19. UNDERTAKER Edward O Wilson (Address) 1002 Brantley ave

20. FILED ..... 19 .....

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 6 - 6 . 1936 to 7 - 18 . 1936

I last saw h.. alive on 7 - 18 . 1936 Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	3 mo.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. C. Brantigan M. D.

(Address) Baltimore City Hosp.

25892 HEALTH DEPARTMENT—CITY OF BALTIMORE 25892

93-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 E. Preston St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie C. Plumlett

(a) Residence: No. 736 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank J. Plumlett

6. DATE OF BIRTH (month, day, year) Dec 26 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Wm. Fitzsimmons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Fogarty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Husband Frank J. Plumlett
(Address) 736 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Parish 3rd July 22 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 924 Eager St.

JUL 21 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936 to July 18 1936

I last saw h.e alive on July 18 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis H. Gillis M. D.

(Address) 20 E. Preston St.

F 25893 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25893

97-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Valley St., 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James S. Kavanaugh

(a) Residence: No. 927 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Kavanaugh

6. DATE OF BIRTH (month, day, year) June 22 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Mixer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat Lin Decorating Co

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Kavanaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Priscilla Cook

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Elizabeth C. Kavanaugh
(Address) 927 Valley St

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date July 21 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

20. FILED ... 19 ... Registrar.

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to July 18 1936

that I saw him alive on July 18 1936 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Arteriosclerosis	?
Contributory causes of importance: Cerebral Thrombosis	16 D

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy M. D.

(Address) 1114 Hampden Ave

F 25894 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 25894

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Fremont Ave 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Manger

(a) Residence: No. 1117 Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida A. Harrison Manger

6. DATE OF BIRTH (month, day, year) Feb. 12, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer W.B.&A. Ry Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Track Foreman

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) West Minister Md.

FATHER

13. NAME Adam Manger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nat Knauth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT: Wife Ida A. Manger

(Address) 1117 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Western Cemetery Date July 22, 1936

19. UNDERTAKER Edward W. Conklin

(Address) 92-94 Eager St

....., 19 ..... (Signature)

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to July 19, 1936

last saw him alive on July 17, 1936 Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Senile Cardiac Insufficiency	

Was an operation performed? Yes Date of April 27-1936

For what disease or injury? Malignancy of Stomach

Name of operation Gastrotomy Date of 4/27/36

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Allen W. Towers M. D.

(Address) 1512 E Broadway

F 25895

F 25895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Hickory Ave. St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen V. Whaley

(a) Residence: No. 3714 Hickory Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George H. Whaley

6. DATE OF BIRTH (month, day, year) Feb. 21, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Heflin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Viola Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Viola Heflin

(Address) 3714 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Doug Ridge Date July 22, 1936

19. UNDERTAKER Edmondson & Son

(Address) 3615-17 Edmondson Ave

20. Filed ..... 19 ..... Huntington Williams Registrar.

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933 to July 18, 1936.

I last saw h[illegible] alive on July 18, 1936 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5/1933
Other contributory causes of importance: None	

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

OCCUPATION IS VERY Important. See Instructions on Back of Certificate.

F 25896 F 25896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Baltimore Registered No.
CITY OF BALTIMORE: (No. 211 N. Mount St., 14-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs. 0 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.
If U. S. Veteran specify WAR
2. FULL NAME William Simms
(a) Residence: No. 211 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	30	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Md.

FATHER
13. NAME Charles Simms
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Annie Winfield
16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Annie Miller
(Address) 211 N Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge, Md. Date July 21, 1936

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N Arlington Ave Huntington Williamsport

20. FILED ..., 19.. Registrar

L 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to July 18, 1936
I last saw him alive on July 18, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 11,
Other contributory causes of importance: Esophageal Ulcer & Stricture	June 5, 36

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, (Signed) Matthew Higgins, M. D.
(Address) 2243 Madison Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 25897

M. D. B 1268-9

F 25897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Dorthy Ridgley Smith

If U. S. Veteran specify WAR

(a) Residence: No. 936 W. Mulberry st. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of March 3,1920

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Ridgley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Carrie Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Carrie Smith

(Address) 936 W. Mulberry st/

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lin Date July 23 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 S Schroeder St Huntington Milwaukee Wis

20. FILED ....19.... Registrar.

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
(Adhesions)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 18, 1936

For what disease or injury? Obstruction

Name of operation Abdominal Section Date July 18

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of Injury ....19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. K. Culin M. D.

Coroner

(Address) 0757 W. Mon

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 586

F 25898 F 25898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Linden Ave. St., 14-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Emily Reese Steiner

(a) Residence: No. 1428 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Otto Steiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanora Spedden

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Stephen C. Harry

(Address) 1428 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date July 21, 1936

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place

20. FILED 21 1936, 19.... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1933 to July 19, 1936

I last saw her alive on July 18, 1936 Death is said to have occurred on the date stated above, at 2.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	5/1/33
Other contributory causes of importance: Bronchopneumonia	7/16/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lee K. Sheeran, M. D.

(Address) 10 E. Biddle St.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

V S 3

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25899 Gearish V 131 F 25899

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3213 Shannon Drive. 56-3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 86 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Gearish

(a) Residence: No. 3213 Shannon Dr. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Franklin Gearish

6. DATE OF BIRTH (month, day, year) Feb 15, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Bennett

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Byrd

(Address) 3213 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date July 22 / 36 19

19. UNDERTAKER Philip Herwig Son

(Address) 2016 Washington Blvd

20. FILED JUL 21 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 . 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5 . 1936 to July 19 . 1936

I last saw h.. alive on July 18 . 1936 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	7/19/36
myocardial insufficiency	

Other contributory causes of importance:

Hypertension arterio-	8/19/35
sclerosis, chr. nephritis	
Cardities.	

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Schad M. D.

(Address) 447 N. Kenwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 25900

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25900

CERTIFICATE OF DEATH

53-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Southern Ave, 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernest T. H. Bowen

(a) Residence: No. 2800 Southern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C. Bowen

6. DATE OF BIRTH (month, day, year) Mar 9 1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	44	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. broker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vir

FATHER

13. NAME James Bowen

14. BIRTHPLACE (city or town) (State or country) Vir

MOTHER

15. MAIDEN NAME Mary E. Conner

16. BIRTHPLACE (city or town) (State or country) Vir

17. INFORMANT Marie C. Bowen
(Address) 2800 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 22 1936

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

21. FILED JUL 21 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19 1936 to July 19 1936

I last saw h alive on July 19 1936 Death is said to have occurred on the date stated above, at 12 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Neoplasm (Glioma)	prob

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Louis Krause M. D.

(Address) Med. Art. Bldg.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 25901 F 25901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-8 ✓ 93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2109 Chelsea Terrace St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa C. Watson

If U. S. Veteran specify WAR

(a) Residence: No. 2109 Chelsea Ter. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Watson

6. DATE OF BIRTH (month, day, year) Aug 11, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Thomas Collison

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Sarah Ann Weedon

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs Isaac C. Watson

(Address) 2109 Chelsea Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date July 21 1936

19. UNDERTAKER E. LeRoy Sheffler

(Address) 125 E North Ave

Huntington Millner

Registrar

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to July 19/36, 19..... I last saw h-- alive on July 10/36, 19..... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis about Jan 1/36	
Other contributory causes of importance:	
arteriosclerosis	1926

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter L. Hubbard M. D.

(Address) 220 Garrison Blvd

Patient was seen by Dr Howard Warren the morning she died.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 25902

F 25902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412-E. Lanvale Street St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lottie H. Riehl

(a) Residence: No. 1412-E. Lanvale Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) 3/9/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Erhard Riehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Phil[illegible]na Wyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Katrinka Riehl

(Address) 1412-E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 7/ c1/36 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Hanford Ave. Huntington Williamsport, Md.

20. FILED ... 19... Registrar.

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to July 19, 1936

I last saw her alive on July 19, 1936. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Cardiac exhaustion — Date of onset 7/19/36

Other contributory causes of importance:

Carcinoma of Liver — 6/15/36

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John W Sanderson M. D.

(Address) 1714 N Caroline St

F 25903

F 25903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109-E. Federal Street St., 9-4 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannah Deuerling

(a) Residence: No. 1109-E. Federal Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph V. Deuerling

6. DATE OF BIRTH (month, day, year) 8/10/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stephen Mea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph S. Deuerling

(Address) 1109-E. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/22/36

19. UNDERTAKER George C. Ruth, Inc.

(Address) 1735-Harford Ave.

Huntington Williams

Registrar

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-36

22. I HEREBY CERTIFY, That I attended deceased from 7-1-36 to 7-26-36

I last saw h alive on 7-20-36 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Chronic Nephritis

Hypertension Mercury

Acute Cardiac Dilatation

Date of onset

other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 25904

F 25904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

75-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Sommerworth St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John A Smith

(a) Residence: No. 1900 Sommerworth St, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Smith (Deceased)

6. DATE OF BIRTH (month, day, year) Aug 10 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	82	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nancy -------

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Marie Pressler, (Address) 1900 Sommerworth St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 23, 1936

19. UNDERTAKER Edward Toulson (Address) 2559 Wash. Blvd

20. FILED , 19 Registrar

L 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 20, 1936

I last saw him alive on July 20, 1936 Death is said to have occurred on the date stated above, at 10 10/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J Miller, M. D.

(Address) 68 W Washington Blvd

F 25905

25905 D 1365-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936 191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 E Monument St. 10-2 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Brown. Brown If U. S. Veteran specify WAR .....

(a) Residence: No. 1412 E Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Brown

6. DATE OF BIRTH (month, day, year) Dec 25-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Data deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mariah Jordon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Carrie Brown
(Address) 1412 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7/22 19 36

19. UNDERTAKER Joseph D. Locke Jr
(Address) 1312 Eutaw St

20. FILED JUL 21 1936 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 19 36

Other contributory causes of importance: Heat Exhaustion

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 507 Lexington St

V 936 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 25906

F 25906 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

47-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2529 Brookfield Avenue

CITY OF BALTIMORE: (No. " " St., 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Harry Goldman

(a) Residence: No. 2529 Brookfield Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Sept. 20-1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51 52	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jabed

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sarah Goldman
(Address) 2529 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. Rd. Date 7-21-36

19. UNDERTAKER Jack Lewis Inc
(Address) 1459 Eutaw St.

FILED JUL 21 1936, 19..... Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936 to July 20, 1936

I last saw him alive on July 20, 1936. Death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Right)	
Symptoms	April 1936

Other **contributory causes** of importance:

Carcinomatosis Liver, Cervical	May 1936
Glands Signs	June 1936
Bronchopneumonia	July 19 '36

Name of operation Excision of Glands of Neck Date of June 4 '36

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis F. Hamburger M. D.

(Address) 1207 Eutaw Place

F 25907 Sallie Parke or Parks F 25907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 15078

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sallie Parke or Parks

(a) Residence: No. 657 W. Lee street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 6- -1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Philip Clarke

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date July 25 19 36

19. UNDERTAKER Elroy A. Weber

(Address) 1000 Eastern Ave

Filed 19 Registrar. Huntington Williams M.D.

JUL 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 36

22. I HEREBY CERTIFY, That I attended deceased from 1-17 19 31 to 7-17 19 36

I last saw her alive on 7-17 19 36 Death is said to have occurred on the date stated above, at 1155 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	7-10-36
Arteriosclerosis general	?
Senility	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) John F. Raney M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 25908

F 25908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Greenmount Ave. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Bell Stevenson Campbell

(a) Residence: No. 611 Greenmillow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Riley Campbell

6. DATE OF BIRTH (month, day, year) June 9, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Stevenson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Diggs

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Riley Campbell

(Address) 611 Greenmillow St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date June 23, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St. Huntington Indiana

21 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16 1936 to July 19 1936 that I last saw h[illegible] alive on July 19 1936 death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Cerebral Hemorrhage	July 19 1936

Other contributory causes of importance:

Hypertension	1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Mac Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, how? .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION IS VERY important. See instructions on back of certificate.

V 53 A

25909

F 25909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Washington Blvd. St. 21-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hiram H. Smoot

(a) Residence: No. 912 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 5, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) October 1935

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Hiram Smoot

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Potee

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. John A. Smoot
(Address) 1166 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 23 19 36

19. UNDERTAKER Geo B Cook
(Address) 1005 E. Baltimore St.

20. FILED 19 Registrar.

1 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935 to July 20 1936

I last saw him alive on July 19 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	8-10-35
Nephritis	8-10-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Hatem M.D.

(Address) 523 Scott St.

OCCUPATION is very important. See instructions on back of certificate.

F 25910

F 25910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby John Wallace

(a) Residence: No. 524 W. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME John Wallace

14. BIRTHPLACE (city or town) (State or country) Hoopers Island Md.

MOTHER

15. MAIDEN NAME Gertrude Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John Wallace

(Address) 524 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Westerly Date 7-21-36

19. UNDERTAKER Frederick A. Cole

(Address) 2600 W. Lombard St Baltimore Md.

Huntington Williams

FILED JUL 21 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/1/36, 19..., to 7/18, 1936

I last saw him alive on 7-16, 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6/25/36
Lung abscess	7-2/36
Empyema	7/.36

Other contributory causes of importance:

Generalized toxemia	7/17/36
Secondary anemia	

Was an operation performed? yes Date of 7/13/36

For what disease or injury?

Name of operation Thoracotomy Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas B. Wareley M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

JUL 21 1936

F 25911

F 25911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3961 Greenmount Ave St., 7 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha L Seitz

(a) Residence: No. 3961 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: (HUSBAND) of (or) WIFE of John L Seitz

6. DATE OF BIRTH (month, day, year): Aug 14-1843

7. AGE: Years 92 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic wife 60 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Jacob L Lefevre

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Delia Smith

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Miah Seitz
(Address) 3961 Greenmount Ave

18. BURIAL, CREMATION, REMOVAL: London PK Date July 23 1936

19. UNDERTAKER: Franklin W Seitz
(Address) 814 N Eutaw St

July 21 1936 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936 to July 20, 1936

I last saw him alive on July 20 1936 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Broncho-pneumonia	July 18, 36

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lloyd E Taylor M. D.

(Address) 3957 Greenmount Ave

F 25912

25912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 1-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 S Collington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 70 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maria Bayer

(a) Residence: No. 412 S Collington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) Oct 20 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Ackerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Bayer
(Address) 412 S Collington

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 22 1936

19. UNDERTAKER Martin F. Duffy
(Address) 3728 Aisquith St.

20. FILED [illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9 1936 to July 19 1936

I last saw her alive on July 18 1936 Death is said to have occurred on the date stated above, at 11:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis chr.	?

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. W. Fahey M. D.

(Address) 431 S. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 25913

F 25913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2411 Edmondson Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Johanna Hering

(a) Residence: No. 2411 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Hering

6. DATE OF BIRTH (month, day, year): Dec. 25, 1849

7. AGE: Years 86 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Saxony Germany

FATHER

13. NAME: Christian Hering
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Kessler
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Johanna Hering
(Address) 2411 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 21 1936

19. UNDERTAKER: Wm. Tuckey Sons
(Address)

19 . Registrar.

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to July 18 1936

I last saw h alive on July 17 1936 Death is said to have occurred on the date stated above, at 9.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3 days
Other contributory causes of importance:	
Chr. Encephalitis	4 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fritz J Kinzer M. D.
(Address) 2700 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

F 25914 ✓ F 25914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ~~Mr~~ John C. Hermann, Jr.

(a) Residence: No. 38 E. Ostend Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ WIFE of Estella May Hermann

6. DATE OF BIRTH (month, day, year) October 10th 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Manager Life Insurance 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Hancock L.I.Co.

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John C. Hermann, Sr.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Minnie Hormes

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Estella M. Hermann

(Address) 38 E. Ostend St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 24th 19 36

19. UNDERTAKER J. J. Tichnor & Sons

(Address) Huntington Baltimore Md.

20. FILED ..... 19 ..... Registrar.

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to July 21, 1936

I last saw him alive on July 21, 1936 Death is said to have occurred on the date stated above, at 12:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningeal Tuberculosis	July 7
Other contributory causes of importance: Pulmonary Tuberculosis	several months

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. P. Stubbins M. D.

(Address) Md Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 25915 ✓ F 25915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3229 Elliott St. 26-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene R. Wisniewski
If U. S. Veteran specify WAR .....

(a) Residence: No. 3229 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Frank Wisniewski
14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER
15. MAIDEN NAME Catherine Kotzonoske
16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Catherine Wisniewski
(Address) 3229 Elliott

18. BURIAL, CREMATION, OR REMOVAL
Place N. Stanislaus July 22-36

19. UNDERTAKER Stephen J. Fialkowski N.C.
(Address) 1000 E. Fenwood Ave

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, to July 18, 1936
I last saw her alive on July 18, 1936 Death is said to have occurred on the date stated above, at 6 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1 wk
Arthritis with Purpura Fever (Rheumatism)	1 yr

Other contributory causes of importance:

Was an operation performed? none Date of ...
For what disease or injury? none
Name of operation none Date of ...
What test confirmed diagnosis? Phys. exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Chas. D. Keer M. D.
(Address) 408 S. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

FS 3

F 21936

M. D. P. 1268-9

F 25916 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25916

CERTIFICATE OF DEATH

x 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 14th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Baker

(a) Residence: No. Women's Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			2	6 hrs. 36 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Marshall Baker

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Helene Meakin

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Helene Meakin Baker
(Address) Marwood Road, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL.
Place Lot L. Date 7/21, 1936

19. UNDERTAKER Carnegie Institute
(Address) # 7323

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8:30 P.M. 7/16/36, 1936, to 7/19/36 at 3:00 A.M., 19

I last saw her alive on 7/19/36, 19. Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature baby	
Birth weight - 2 lbs 2 oz.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. P. Sellers, M. D.

(Address) Women's Hospital

JUL 21 193

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25917

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Tuberculosis Division

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Johnson

(a) Residence: No. 1008 E. Madison Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 10, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie Hawkins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date July 21, 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19 .....

21 JUL 1936

2416

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17/36. 19

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1935 to July 17, 1936 19

I last saw him alive on July 17, 1936. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leon H. Feldman, M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, and that is the OCCUPATION is very important. See instructions on back of certificate.

F 25918 ✓ F 25918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospital St. 21-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dukeman, Baby Girl

(a) Residence: No. 700 Carroll St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/28/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

22 days

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country)

FATHER

13. NAME Allen Dukeman

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Anderson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place U. of Md. School Date July 21 1936

19. UNDERTAKER Undertaker Not Known
(Address)

FILED 21 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936 to July 19, 1936

I last saw h[illegible] alive on July 19, 1936 Death is said to have occurred on the date stated above, at 12 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: atelectasis	

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Catherine Weller, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

L 21 1936

M. D. B 1268-9

✓ F 25919

F 25919 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Murdock (Murdoch) If U. S. Veteran specify WAR.....

(a) Residence: No. 3702 Gough St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marianna Chester

6. DATE OF BIRTH (month, day, year) July 18 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Mario

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa Franco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Anna Christo Brother in law 3713 Clarmont St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 23 1936

19. UNDERTAKER (Address) Frank V. Pikitone 2818 E. Baltimore St

20. FILED JUL 21 1936 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Wright M. D. Coroner

(Address) 1 E. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

25920

F 25920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ellen Barnett

(a) Residence: No. 1725 Euclid St. NW Washington D C St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sylvan Penna

FATHER

13. NAME Jerome Peck

14. BIRTHPLACE (city or town) (State or country) Sylvan Pa.

MOTHER

15. MAIDEN NAME Emily McConnick

16. BIRTHPLACE (city or town) (State or country) Adams Co. Pa.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Washington D C Date July 24 1936

19. UNDERTAKER Wm. J. Isherwood & Sons

(Address) Mount Penna. Ave

20. FILED JUL 27 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5 1936 to July 21, 1936

I last saw h.er alive on July 21, 1936 Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Anemia Spinal Cord	?
Exhaustion	1 wk.
Other contributory causes of importance: Senile Dementia	?

Name of operation None Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dayton P. Glazier M.D.

(Address) 3316 Pikesville Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

P 3

25921

HEALTH DEPARTMENT—CITY OF BALTIMORE

25921

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Milford Ave St., 28-2 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Rush Douglas If U. S. Veteran specify WAR None

(a) Residence: No. 3712 Milford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carolyn Estella Douglas

6. DATE OF BIRTH (month, day, year): Sept 26-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Consulting Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brandon Vermont

FATHER

13. NAME: Orlando B. Douglas

14. BIRTHPLACE (city or town) (State or country): Cornwall Vt.

MOTHER

15. MAIDEN NAME: Mary Rush

16. BIRTHPLACE (city or town) (State or country): Orwell Vt.

17. INFORMANT: Henry T. Douglas
(Address)

18. BURIAL, CREMATION, REMOVAL
Place [illegible] July 21 1936

19. UNDERTAKER: H. J. Eckerd & Son
(Address) Norther

JUL 21 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18 1936 to July 19 1936

That I last saw h[illegible] alive on July 17 1936 Death is said to have occurred on the date stated above, at 1205 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
11. Coronary Thrombosis	July 19 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts

OCCUPATION is very important. See instructions on back of certificate.

F 25922

F 25922 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

U. S. Veteran (Specify WAR .....)

2. FULL NAME Baby Boy Hensler (Benedict C. Hensler Jr)

(a) Residence: No. 2725 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12 | 14 | 35

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ben C. Hensler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise L. Mech

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Benedict C. Hensler

(Address) 2725 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 22, 1936

19. UNDERTAKER Milton Schilling

(Address) 1122 E. Monument St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936 to July 19, 1936

I last saw him alive on July 19, 1936 Death is said to have occurred on the date stated above, at 8:20 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus colitis & bottle assumed cause of	7/17/36
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? Culture Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Wm B. Smith M. D.

(Address) Union Mem. Hosp.

UL 21 1936

STATE CAUSE OF DEATH in plain terms so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—2-29-28—L. F. S.—500 Blks.

F 25923 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25923

93-C

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1518 Gough St., ST. 3-1 WARD)

2—FULL NAME Mary C. Golbrecht

(a) RESIDENCE NO. 1518 Gough St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (or) WIFE of: William H. Golbrecht

6 DATE OF BIRTH (month, day, and year): Feb. 18, 1860

7 AGE: Years 76 | Months 5 | Days 2 | If LESS (than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md / Md

PARENTS

10 NAME OF FATHER: Henry Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dresden Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. William H. Golbrecht

(Address): 1518 Gough St

15 Filed: 2-1-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20-1936.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to July 20, 1936.

that I last saw her alive on July 19, 1936

and that death occurred, on the date stated above, at 12:40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis. (1½ yrs)

arteio-sclerosis - 2 yrs -

myocardial failure - (cause of death)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Emphysema - Bronchitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? usual phy. exam.

(Signed) Louis F. Krumeich, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emanuel Lutheran Cem. DATE OF BURIAL: July 23, 1936

20 UNDERTAKER: Milton Schilling ADDRESS: 1122 E. Monument St

important. See instructions on back of certificates.

F 25924 ✓ F 25924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5006 Eugene Ave St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Young

2a U. S. Veteran specify WAR .....

(a) Residence: No. 5006 Eugene Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Young

6. DATE OF BIRTH (month, day, year) May 26th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City Md

FATHER

13. NAME Marks

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Caroline Franz

(Address) 5006 Eugene Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Memorial Date 7/27/ 1936

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1934 to July 19 - 1936

I last saw her alive on July 19 - 1936. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Myocarditis	1934
Cerebral Hemorrhage - Fatal	1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Lechman, M. D.

(Address) 2507 Fall ave

OCCUPATION is very important. See instructions on back of certificate.

UL 21 1936

M. D. B. 1263

F 25925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25925

x 186-w

46-12

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar C. Warble

If U. S. Veteran specify WAR

(a) Residence: No. North Point Creek St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche M. Warble

6. DATE OF BIRTH (month, day, year) July 17, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) 7/20/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jacob Warble

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca Roach

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Blanche M. Warble

(Address) Cherrydale, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place McGaheysville, Va. Date July 22, 1936

19. UNDERTAKER John F. Dever

(Address) 715 Light St.

FILED JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Concussion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 20 1936

Where did injury occur? North Point Road Balto Co Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public road.

Manner of injury Stepped & fell against Automobile door

Nature of injury Lacerated Wound & Concussion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25926 ✓ F 25926

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 3 mos. 18 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

War Service: none.

2. FULL NAME George Taylor

(a) Residence: No. Bower's Beach, Delaware St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Ward Taylor

6. DATE OF BIRTH (month, day, year) June 15, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	69	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman (U.S.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 86

10. Date deceased last worked at this occupation (month and year) July, 1935. 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Hampton Date July 22 19 36

19. UNDERTAKER (Address) E. Lepoy Stiffler, Inc. 125 E. North Ave. Baltimore, Md.

20. FILED ..... Registrar.

JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July ~~19~~ 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to July ~~19~~ 18 1936

I last saw him alive on July ~~19~~ 18 1936. Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of the duodenum, with metastasis of the liver.	7/16/35
Arteriosclerosis, general.	unknown
Multiple abscesses of liver.	4/1/36.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) K K Bryant, M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 25927 ✓ F 25927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Baltimore, Md. practically life

War Service: none.

2. FULL NAME James Holland

(a) Residence: No. 823 Ashland Ave., Balto., Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Bennett

6. DATE OF BIRTH (month, day, year) August 26, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman (M.S.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work

10. Date deceased last worked at this occupation (month and year) July 11. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ivandale Virginia

FATHER

13. NAME John Holland

14. BIRTHPLACE (city or town) (State or country) Calvert County Virginia

MOTHER

15. MAIDEN NAME Josephine Baine

16. BIRTHPLACE (city or town) (State or country) Richmond County Virginia

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date July 22 1936

19. UNDERTAKER (Address) C. Leroy Stifflio, Inc. 125 E. North Ave.

20. FILED JUL 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11 1936 to July 19 1936

I last saw h im alive on July 19 1936 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy.	July 5, 1936.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hospital - Balto., Md.

State CAUSE OF DEATH in plain terms. Do not state it as mode or OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. F 25928

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Brunt St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Swanepoel

If U. S. Veteran specify WAR ...

(a) Residence: No. 1421 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Swanepoel.

6. DATE OF BIRTH (month, day, year) Aug. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

17. INFORMANT Julius Swanepoel

(Address) 1421 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 7/25 1936

19. UNDERTAKER Wm. H. Jackson Co.

(Address) 410 Penna. Ave.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hamm M. D.
Coroner

(Address) 1215 Hanover

Information should be carefully supplied. Age should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V56

F 25929 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25929

66-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., 11th Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jeannette Reed If U. S. Veteran specify WAR

(a) Residence: No. Havre de Grace Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. W. C. Reed.

6. DATE OF BIRTH (month, day, year) Feb. 16, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Apr. 36
11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME John Knight
14. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

MOTHER
15. MAIDEN NAME Leona (unknown)
16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wesleyan Chapel Date July 1936

19. UNDERTAKER H. Madison Mitchell
(Address) Havre de Grace, Md.

FILED JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1-36, 1936 to 7-21-, 1936
I last saw her alive on 7-21-, 1936. Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Puerperal eclampsia following Hysterectomy.

Other contributory causes of importance:

Pregnancy, 7 mos.

Was an operation performed? Yes Date of 7-20-36
For what disease or injury? Eclampsia Gravis.
Name of operation Hysterectomy Date of 7-20-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. J. Williams Jr., M. D.
(Address) Maryland General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25930 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25930

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH St. Agnes Hospital, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St., 16-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. James E. Kelly,

(a) Residence: No. 627 Mount Holly St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-21-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Annie E. McCarthy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jerome Kelly
(Address) 410 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7-22-36

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1936, to 7-19-1936.

I last saw h. alive on July 19, 1936 Death is said to have occurred on the date stated above, at 7.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Generalized peritonitis due to ruptured appendix	7-14-36
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-15-36

For what disease or injury? Acute appendicitis & peritonitis

Name of operation Appendectomy Date of 7-15-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Karl F. Meyer M. D.
(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms. No abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

running [illegible] gron st.

F 25931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25931

115-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hosp

Registered No.

CITY OF BALTIMORE: (No. 1-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Dzeronimick ANTONI DZIWANOSKI

(a) Residence: No. 703 S. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Dziwanoski

6. DATE OF BIRTH (month, day, year) Dec. 20 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ignac Dziwanowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonina Lipka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Dziwanowski

(Address) 703 S. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 23 36

19. UNDERTAKER Fred W. Bodzinski

(Address) 1930 Eastern Ave

20. FILED 19

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1936, to 7-20, 1936, last saw h[illegible] alive on 7-20, 1936. Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis	7-14-36
Cerebellar Abscess	7-15-36
Other contributory causes of importance:	
Bronchopneumonia	7-18-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 25932

F 25932

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Park Ave. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lawrence Thomsen, Jr.

(a) Residence: No. 1700 ParkAve. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Lawrence Thomsen

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Jones

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Georgie A. Thomsen

(Address) 4 Midvale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date July 22 1936

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place

20. FILED JUL 22 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1936 to July 20th 1936

I last saw him alive on July 20th 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	7.2.36
(Died of a series of haemorrhages in preceding 2 years)	
Other contributory causes of importance:	-

Was an operation performed? - Date of -

For what disease or injury? -

Name of operation - Date of

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of Injury -

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) G. H. Evans M. D.

(Address) 1515 Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

F 25933

25933 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Mink

(a) Residence: No. 935 Sterling St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary J. Mink.

6. DATE OF BIRTH (month, day, year) January 6, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Mink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary J. Mink
(Address) 935 Sterling St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date July 24, 1936

19. UNDERTAKER Henry Breck Sons Inc.
(Address) 130 E. Eager St.

20. [illegible] Huntington Williams, M.D.
Registrar.

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1918 E. Fifth Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 25934

F 25934 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25934 46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Inf. St. City 5-4 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hanshaw, Mrs. Mary O.

(a) Residence: No. 1411 N. Patterson Park Ave., Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Mr. Lloyd Hanshaw.

6. DATE OF BIRTH (month, day, year) May 30, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.

10. Date deceased last worked at this occupation (month and year) July 13, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME James McCart.

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Lloyd Hanshaw

(Address) 1411 N. Patterson Park Ave. City

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date July 23 19 36

19. UNDERTAKER Harvey Ahearn & Sons, Inc

(Address) 1301 E. Fayette St.

20. FILED JUL 22 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 19 36

22. I HEREBY CERTIFY, That I attended deceased from July 13 19 36 to July 20 19 36

I last saw her alive on July 20 19 36 Death is said to have occurred on the date stated above, at 11:35 (a. m.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver & abd. metastases	May 1936

Other contributory causes of importance:

None

Name of operation Expl. Laparotomy Date of July 15 1936

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Keetz M. D. M. D.

(Address) Church Home & Inf.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25935-9

F 25935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S Sharp St., 7th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian Baker

(a) Residence: No. 713 S Sharp St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hard work

10. Date deceased last worked at this occupation (month and year) 5a

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Larry Baker

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Son

(Address) 713 S. Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 7/22/36

19. UNDERTAKER Dugal L Brown & Son

(Address) 913 Montgomery St

Huntington Williams M.D.

JUL 22 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to July 19 1936

I last saw him alive on July 15 1936 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	July 4/36
Other contributory causes of importance: Arteriosclerosis	"

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. N. Howlett M. D.

(Address) 710 S. Sharp St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35936 F 25936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓191

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 S. Eutaw St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert France. (c)

(a) Residence: No. 946 S. Eutaw St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 5, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. don't

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frankford, Ky.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Catherine Tate. (c)
(Address) 523 W. West St.

18. BURIAL, CREMATION, OR REMOVAL
Place US National Date 7/22/36 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 106 W Monument St

Huntington Williams
19 ..... Registrar.

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

7/21/36 (Signed) Otto M. Reinhardt, M. D.
Coroner

(Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25937 HEALTH DEPARTMENT—CITY OF BALTIMORE E 25937

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1209 Valley St., 10-T Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas G. Wagner

(a) Residence: No. 1209 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Carter

6. DATE OF BIRTH (month, day, year) Jan. 6-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Wagner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Shaney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor - 1209 Valley St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. 7/23 1936

19. UNDERTAKER Joseph Ingram
(Address) Fulton & Fayette

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21- 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to July 21 1936

I last saw h[illegible] alive on July 18 1936 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ileo Cecal Valve	
Arterio Sclerosis	
Asthenia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. J. McCarthy M. D.

(Address) 1114 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

25938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25938

127-143

Registered No. 15020

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 70-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Freiman (Anna Estelle Freiman)

(a) Residence: No. 406 S. Payson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Freiman

6. DATE OF BIRTH (month, day, year) 10-2-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Walters

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Cath. Widerman

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Hospital Records

(Address) Mr. Eugene N. Freiman 406 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 23 1936

19. UNDERTAKER Jos B. Cook

(Address) 1006 N. Baltimore St.

20. JUL 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-12-1936 to 7-20-1936

I last saw her alive on 7-20-1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis with	7-14-36
Perforation and Abscess	7
Gangrene of Right Ovary	1
Other contributory causes of importance: Pregnancy Delivered (7-11-36)	9 mo.

Was an operation performed? Yes Date of 7-15-36

For what disease or injury? Acute Appendicitis & Perforation

Name of operation. Drainage of Appendiceal Abscess Right Oophorectomy Date of 7-16-36

What test confirmed diagnosis? Operation Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. Brautigan M. D.

(Address) Baltimore City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. H. 1368-9

F 25939

F 25939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

36-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Eaton Ave St., 36 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Howard Kendall Jr

(a) Residence: No. 517 Eaton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-18-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles H. Kendall

14. BIRTHPLACE (city or town) Easton
(State or country) Maryland

MOTHER

15. MAIDEN NAME Viola C. O'Toole

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Charles H. Kendall
(Address) 517 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Park Date July 22 19 36

19. UNDERTAKER C. B. Tibbert & Son
(Address) 1300 Eastern Ave

20. Filed JUL 22 1936 19 ..... Registrar. Huntington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18 1936 to July 20 1936

I last saw him alive on July 18 1936 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Acute	July 11, 1936
Pneumonia Acute Bronchial	July 18, 1936

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

JUL 22 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25940

F 25940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward 9-W

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby boy Rider If U. S. Veteran specify WAR

(a) Residence: No. 1 (Usual place of abode) 109 S. Fulton St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/20/36

7. AGE Years	Months	Days	If LESS than 1 day 19 hrs. or min.
1 day.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Norman Rider

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Edith Smyth

16. BIRTHPLACE (city or town) (State or country) 109 S. Fulton St Balto Md

17. INFORMANT Norman Russell Rider
(Address) 109 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 22 1936

19. UNDERTAKER Harry H. Wittle
(Address) 4101 Edmondson Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21/36

22. I HEREBY CERTIFY, That I attended deceased from 7/20/36, 1936 to 7/21/36, 1936

I last saw him alive on 7/21, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Toxemia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Nitch M. D.

(Address) Bon Secours Hospital

UL 22 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25941

F 25941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Forest Park Ave St., 28-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John J. Wallace

If U. S. Veteran specify WAR

(a) Residence: No. 1809 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anita D. Moylan Wallace

6. DATE OF BIRTH (month, day, year) March 26, 1902.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Muth

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Fred Wallace

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances Muth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John J. Wallace

(Address) 1809 Forrest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date July 23, 1936

19. UNDERTAKER Harry A. Fritz & Co

(Address) 4101 Edmondson Ave.

20. FILED JUL 22 1936 49 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936 to July 20, 1936

I last saw h alive on July 20, 1936 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary & Laryngeal	Apr. 1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Summers, M. D.

(Address) 4509 Gibson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25942

F 25942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 W. Fayette St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie E. Moke

(a) Residence: No. 1925 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Moke

6. DATE OF BIRTH (month, day, year) Nov. 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George J. Stembler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Eagleston

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Rose Koerr
(Address) 1925 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Par. Cem. Date July 22, 1936

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

Filed 1936 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to July 20, 1936.

I last saw h[illegible] alive on July 20, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	1 yr.

Other contributory causes of importance:

None

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature] M. D.

(Address) 888 W. Lombard St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 22 1936

M. D. F 126 F 25943 ✓ F 25943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur W. Douglass

(a) Residence: No. 410 S. 22½ St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. automobile mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Peter H. Tyler
(Address) 201 E. 23d St

18. BURIAL, CREMATION, OR REMOVAL
Place Gettysburg Pa Date 7/23. 1936

19. UNDERTAKER Rayner Snyder
(Address) 1413 E. Preston St

20. FILED ..... 19 ..... Registrar.

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. W. Wright, M. D.
Coroner

(Address) 1010 S. Clinton St

V 5 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. 25944

F 25944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1707 N. Caroline Street St., 8-6 Ward)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John B. Tolley
(a) Residence: No. 1707 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Lambdin

6. DATE OF BIRTH (month, day, year) Jan 2nd, 1842.

7. AGE Years	Months	Days	If LESS than 1 day, # hrs. or # min.
94	6	19	###

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Can Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Thomas Tolley
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER
15. MAIDEN NAME Margaret (Unknown)
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lillian Byard
(Address) 1707 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date July 23, 1936

19. UNDERTAKER George J Ruth, Inc.
(Address) 1735 Harford Avenue

19 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	
Senility	

Other contributory causes of importance:
Cardiac Failure — Uremia

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenberg M. D.
Coroner
(Address) 1919 E. North Ave.

UL 22 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25945

F 25945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213-D

Registered No. 27-19

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) near Fort Carroll. St. ..... Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chalmer L. Grossnickle.

(a) Residence: No. 5502 Merville Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 26, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X/ Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Roy C. Grossnickle.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Tressa M. Black.

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Tressa M. Grossnickle. (mother)
(Address) 5502 Merville Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Meadow Branch Cem. Date July 23 1936

19. UNDERTAKER C. M. Waltz
(Address) Winfield, Md.

20. FILED JUL 23 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Fall from a speed boat.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. M. Reinhardt M. D.
Coroner

7/22/36 (Address) 1017 S. Charles St.

Information should be carefully supplied. Age should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

25946 HEALTH DEPARTMENT—CITY OF BALTIMORE 25946

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N. Hilton St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edward Hitten

If U. S. Veteran specify WAR None

(a) Residence: No. 1609 N. Hilton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, Widowed, ~~or Divorced~~ (write the word)
M.	W.	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Florence Bond Hitten

6. DATE OF BIRTH (month, day, year) Aug 24 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Securities 466

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Augustus Hitten

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susanna Forsyth

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Florence B. Hitten

(Address) 1609 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 24 1936

19. UNDERTAKER Putnam & Sons

(Address) 2324 N. Charles St.

20. FILED ... 19... Registrar

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to July 22 1936

I last saw him alive on July 22 1936, Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Acute Cardiac Dilatation.	
Other contributory causes of importance: Myocarditis Chronic. Senility.	

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation none Date of none

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify ...

(Signed) Thomas Graham Marston, M. D.

(Address) 516 Cathedral Street

Information should be carefully supplied. Any blank must be explained. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 25947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25947

CERTIFICATE OF DEATH

X 124-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Walbrook Ave., St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Slattery

If U. S. Veteran specify WAR

(a) Residence: No. 1 East Dixie Arbutus St., Ward. Arbutus, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Slattery Jr.

6. DATE OF BIRTH (month, day, year) Oct 17 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Imhoff

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Gertrude Miles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles J. Slattery Jr. (Address) Arbutus Md

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date July 24 1936

19. UNDERTAKER Chas. E. Dalrymple & Son (Address) 118 W. Mt. Royal Ave

Filed JUL 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 21, 1936

I last saw her alive on July 21, 1936 Death is said to have occurred on the date stated above, at 12 M Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1930.
Pericarditis	
Cardio-Vascular Collapse	7/20/36

Other contributory causes of importance:

Ascites	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Llewelyn M. D.

(Address) St. Louis Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25948

F 2284

F 25948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3-1 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Tabor

(a) Residence: No. 1515 Bank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/10/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Tabor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnsville Cem. Date July 24, 1936

19. UNDERTAKER Wendler & Fletcher
(Address) 1405 E. Eutaw St

20. FILED ..... 19 ..... Registrar

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936 to July 21, 1936

I last saw him alive on July 21, 1936 Death is said to have occurred on the date stated above, at ..... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure following Diarrhea and Acidosis with dehydration	7-17-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. O. Stiller, Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25949

M. D. B 1268-A

25949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 213-D

1. PLACE OF DEATH Standard Wholesale Phosphate Co. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 25 Curtis Bay. St., 6 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S Veteran specify WAR

2. FULL NAME Cornelius Peter Koster.

(a) Residence: No. Rotterdam, Holland. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 5, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	27	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal passer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Jobshaven.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rotterdam, Holland.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Captain Jacobs Schot.
(Address) S/S Jobshaven.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 7-22 1936

19. UNDERTAKER Bernard C. Harle
(Address) 121 E Mead St

Registered

JUL 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
Fall overboard from S/S Jobshaven.	
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/20/36

Where did injury occur? Curtis Bay. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Fall overboard.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

7/21/36 (Address) 1017 S. Charles St.

Information should be carefully supplied. AGE should be stated as nearly as possible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25950 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25950

CERTIFICATE OF DEATH

25-382a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emil Gass

If U. S. Veteran specify WAR .....

(a) Residence: No. 2412 Annapolis Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Anna C. Gass

6. DATE OF BIRTH (month, day, year) Dec. 25, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Andrew Gass

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Weichuer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Gass

(Address) 2412 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 7/24/36

19. UNDERTAKER Wm Cook

(Address) 121 N. Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Sellers M. D.

(Address) 757 N. Mont Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 22 1936

F 25951

M. D. B 1268-9

F 25951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John M. Kahl

(a) Residence: No. 335 S. Calhoun St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florance Shankin

6. DATE OF BIRTH (month, day and year) Sept. 21, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Kahl

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Uhlenberg

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Emma Kahl

(Address) 335 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 23, 1936

19. UNDERTAKER Harry Hutzler

(Address) 1101 Edmondson Ave

20. FILED JUL 23 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident July 19 1936

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? Stines Shore Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell from Pier Struck Head against unknown Object

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Mahon M. D.
Coroner

(Address) 2757 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

JUL 23 1936

15132

F 25952 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25952

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-E Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Charles Brown

(a) Residence: No. 532 W. Preston St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 8-9-1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Liza (Dead)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL M. Cushman Jr. July 25 36
(Date)

19. UNDERTAKER Benjamin P. Hensley
(Address) 1811 Spring Hill Ave

20. FILED JUL 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7 - 14, 1936, to 7 - 21, 1936

I last saw h.../m alive on 7 - 21, 1936 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	?
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Chronic Nephritis	?

Was an operation performed? Yes Date of 7 - 20 - 36

For what disease or injury? Carcinoma of Esophagus

Name of operation Gastrostomy Date of 7-20-36

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. C. Brantigan, M. D.

(Address) Baltimore City Hosp.

Information should be carefully supplied. Avoid abbreviations. State exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V53

25953

HEALTH DEPARTMENT—CITY OF BALTIMORE

25953

CERTIFICATE OF DEATH

23

I. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Whyte Quickly

(a) Residence: No. 1432 Barnes St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School #101

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Clifton Whyte

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Quickley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 25 1936

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to July 22, 1936

I last saw h. in alive on July 22, 1936 Death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan 1935
Tuberculous nephritis	Jun 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25954

142-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Edith Pedone

(a) Residence: No. 2437 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Pedone

6. DATE OF BIRTH (month, day, year) Sept. 20th 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Imerten

14. BIRTHPLACE (City or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ella M. Snyder

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

17. INFORMANT Michael A. Pedone
(Address) 2437 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 25 1936

19. UNDERTAKER Frederick Shaffer Sons
(Address) 7401 Belair Road

20. FILED JUL 23 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to July 22 1936
I last saw h.. alive on July 22 1936 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Ectopic Pregnancy with severe intra abdominal Hemorrhage	7-21-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-22-36

For what disease or injury? Uterine Bleeding

Name of operation D & C Date of 7-22-36

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving R Stephenson M. D.

(Address) St Josephs Hospital

Information required must be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

25955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25955

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Simon C. Eick

(a) Residence: No. 6910 Beech Ave. Overlea St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy T. Eick

6. DATE OF BIRTH (month, day, year) Aug. 26, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dwelling roll

10. Date deceased last worked at this occupation (month and year) July 15, 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Constantine Eick

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Dorothy T. Eick
(Address) 6910 Beech Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 25 1936

19. UNDERTAKER Fred Lassahn Sons
(Address) 7401 Belair Road

20. JUL 23 1936 Huntington Williams, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Spine	
Other contributory causes of importance:	
Severance of Spinal Cord	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/15 1936

Where did injury occur? Balto. Co. Eden Ave. Overlea Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell off a ladder

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1919 E. North ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

25956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-CF 25956

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Nellie A. Gass

If U. S. Veteran specify WAR

(a) Residence: No. 3905 Fernhill Ave. Ward. Female

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Gass

6. DATE OF BIRTH (month, day, year) Feb. 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	69	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Thomas Ellis

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Vernon E. Gass

(Address) 9 E. Maple Ave., Overlea

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 25 1936

19. UNDERTAKER J. A. Block

(Address) 1003 W. Baltimore St.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

1 Carcinoma of Colon

2 Metastatic adeno-carcinoma of omentum

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of July 2, 1936

For what disease or injury? Malignancy of colon

Name of operation Colostomy Date of 7-2-36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25957 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25957

CERTIFICATE OF DEATH

82-W

15-8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Roslyn Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles W. Burall

(a) Residence: No. 2215 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fred. Co., Md.

FATHER

13. NAME Oliver Burall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie E. Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Helen M. Burall
(Address) 2215 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date July 25, 1936

19. UNDERTAKER John J. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

FILED 19

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to July 21, 1936
last saw him alive on July 21, 1936 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1935
Cerebral Hemorrhage (Recent)	July 20/36
Other contributory causes of importance: Generalized Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll Lockard, M. D.

(Address) 4 E. Preston St.

Information should be carefully supplied. Any guessing may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

25958

CERTIFICATE OF DEATH

134 E 25958

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 5-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Phillips

If U. S. Veteran specify WAR

(a) Residence: No. 3827 Parkheights Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7-23-36

19. UNDERTAKER Jack Levy Inc.

(Address) 1439 E. Balto St.

FILED JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-4-36, 19, to 7-22-36, 19

I last saw h alive on 7-22-36, 19. Death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

Nephritis Chronic

Date of onset

Other contributory causes of importance: Pneumonia (lobar)

Was an operation performed? Yes Date of 7-17

For what disease or injury? Kidney & Ureter

Name of operation Nephrostomy Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Healy, M. D.

(Address) Md Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 25959 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25959

CERTIFICATE OF DEATH

√121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp. St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Mr. William Bearstein

(a) Residence: No. 2004 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pants Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0085

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Bluestein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ferncliff Cem Date 7-23-36

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E. Balto St.

20. FILED . 19

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-17 . 1936 to 7-22-36 . 19

I last saw him alive on 7-22-36 . 19 Death is said to have occurred on the date stated above, at 8.05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage - secondary	7-22-36

Other contributory causes of importance:

Cerebrospinal syphilis
Aortic insufficiency - 7-21-36
Chronic nephritis & chronic appendicitis ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin . M. D.

(Address) WB&H

INSTRUCTIONS: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25960

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Calvert St. St., 12-4 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter B. Tilyard

(a) Residence: No. 2415 Calvert St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace G. Tilyard

6. DATE OF BIRTH (month, day, year) Sept. 10 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Philip P. Tilyard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Virginia Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Grace G. Tilyard

(Address) 2415 Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Garrison Forest Date July 23 1936

19. UNDERTAKER Wm. J. Dickey & Sons

(Address) North & Penna Ave

Registrar

21. FILED JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1929 to July 1936

I last saw h(er) alive on May 31 1936. Death is said to have occurred on the date stated above at 4:25p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	3
Angina Pectoris	1929

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William H. Singleton M. D.

(Address) 2624 St. Paul St. Balto.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25961

F 25961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH St Joseph's Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Catherine Kirby

If U. S. Veteran specify WAR .....

(a) Residence: No. 1031 Hillman St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kirby

6. DATE OF BIRTH (month, day, year) Oct. 24, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Grogan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Harry Kirby (Son)

(Address) 1031 Hillman St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Cathedral Cemetery Date July 24, 1936

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

Huntington Building

20. FILED ..... 19.....

Registrar.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1936 to 7-21 1936

I last saw her alive on 7-21- 1936 Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Braun Jr. M. D.

(Address) St Joseph's Hosp Baltimore Md.

Information should be carefully supplied. AGE should be stated EXACTLY. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 25962

F 25962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Hollbrook St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Logue

If U. S. Veteran specify WAR .....

(a) Residence: No. 1618 Hollbrook St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kelly Logue

6. DATE OF BIRTH (month, day, year) February 4, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. box maker, off

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) county Derry. Ireland

FATHER

13. NAME Peter Logue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nancy McGuigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna Logue
(Address) 1618 Hollbrook

18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Cemetery July 24, 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

19 ..... Registrar.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936, to July 21, 1936

I last saw him alive on July 21, 1936 Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Hypertension	1 mo
Bronchopneumonia	3 d.

Other contributory causes of importance:

Chr. Interstitial Nephritis	1 mo

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation no Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. Fos. F. a Stevens M. D.

(Address) 2878 Hartford Rd

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25963

M. D. B. 1268-9

F 25963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 S. Macon St. St., 76-7 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME WILLIAM E. WIENHOLD

(a) Residence: No. 647 S. Macon St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Aug. 23. 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Wienhold

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dorothea Malkus

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Wienhold (Father)

(Address) 647 S. Macon St.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date July 25. 1936

Place

HENRY SANDER & SONS. INC.

19. UNDERTAKER Baltimore & Broadway.

(Address)

20. Filed ..... 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/9 1935 to July 22 1936

I last saw him alive on 7/20/36 1936. Death is said to have occurred on the date stated above, at 7.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukaemia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 1936

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Greenberg M. D.

(Address) 4 E. 3 Eastern Ave.

JUL 23 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25964

F 25964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Registered No. 5-1

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Armstead — If U. S. Veteran specify WAR

(a) Residence: No. 1252 E. Fayette St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M Armstead

6. DATE OF BIRTH (month, day, year) 12-25-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mcherrin Va

FATHER

13. NAME Dennis Evans

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rena ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Nannie Redd 818 McDonough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 7-23- 1936

19. UNDERTAKER Byron & Mannix & Wright (Address) 1218 McCalderrin St Huntington W Virginia

Registrar.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14 1936, to July 20 1936

I last saw her alive on July 20 1936. Death is said to have occurred on the date stated above, at 5 45 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Rheumatic Heart Disease	
c Congestive Failure	July 1, 36

Other contributory causes of importance:

Terminal Bronchial Pneumonia	July 17, 36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest R Stephenson M.D.

(Address) St Josephs Hospital

Information should be carefully supplied. Any inquiry as to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 25965

F 25965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 26-14 St., 26-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Wilson (Anna) Bish

If U. S. Veteran specify WAR .....

(a) Residence: No. 2114 E. Boundary Ave. St., ... Ward. Baltimore, Md.
(Usual place of abode) East Boundary Ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Female	White	married

5a. If married, widowed or divorced (or WIFE of) Mr. Wilson Bish

6. DATE OF BIRTH (month, day, year) May 21st, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58 yrs	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr Joseph Conrad

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Mary Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Union Memorial Hosp

(Address) 2114 E. Boundary Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date July 25 19 36

19. UNDERTAKER Wm. L. Miller & Son

(Address) 2334 Jefferson St Huntington Methodist, W. Va.

CERTIFIED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936 to July 23, 1936

I last saw her alive on July 23, 1936 Death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/23/36

Other contributory causes of importance:

Carcinoma of Bladder Bilateral Hydronephrosis. over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 23 1936

F 25966

F 25966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7200 Harford Rd St., 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Zink

If U. S. Veteran specify WAR

(a) Residence: No. 7200 Harford Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G. Zink

6. DATE OF BIRTH (month, day, year) Oct 24-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Kurt Ritzius

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Robuckt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Rodewaldt

(Address) 7200 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Date July 23 1936

19. UNDERTAKER Leonard J. Ruck

(Address) 5305 Harford Road

Huntington Ave

20. FILED , 19 Registrar.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 32 to July 20 1936

I last saw h alive on July 20 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Krause, M. D.

(Address) Med Arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25967 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25967

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Shannon Drive St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Schultz Sr

If U. S. Veteran specify WAR .....

(a) Residence: No. 3403 Shannon Drive St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Schultz

6. DATE OF BIRTH (month, day, year): April 15-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 1931

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Henry Schultz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lindower

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John Schultz Jr

(Address): 3403 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL: St Matthews Cem Date July 25 1936

19. UNDERTAKER: John Welsh

(Address): 2005 Orleans St

[illegible] Register.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JUL 22 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 19 35 to JUL 22 1936, 19 ..... I last saw h[illegible] alive on July 21 1936 Death is said to have occurred on the date stated above, at 3:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus	
Arterio-Sclerosis	18 Mos
Other contributory causes of importance:	
Cerebral Hemorrhage	3 Days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Edward J Lawrence M. D.

(Address) 1113 Washington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 25968 ✓ F 25968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St. 14-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME R. I. Lipscomb

(a) Residence: No. 1400 W Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va

FATHER

13. NAME James Lipscomb

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Motley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. W. E. Forestal

(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Danville Va Date July 23 1936

19. UNDERTAKER Vernon Keesner

(Address) 230 E Edmondson Ave

20. FILED ..... 19.... Registrar.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1927 to July 21, 1936

I last saw h... in alive on July 20, 1936 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Wm B Jarrell M. D.

(Address) 1115 St. Paul St., City.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. 25969 ✓ F 25969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital St. S-6 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Caulk
If U. S. Veteran specify WAR No Record
(a) Residence: No. 1604 East Lanvale St., ... Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Caulk

6. DATE OF BIRTH (month, day, year) July 21 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jefferson Pilot
10. Date deceased last worked at this occupation (month and year) July 20 36
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Charles Caulk
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Caulk
(Address) 1604 E. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Bal. County Date July 24 1936

19. UNDERTAKER William Cook
(Address) 127 St Paul St

20. Filed ..... 19 ..... Huntington ..... Registrar.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Fractured Skull

Was an operation performed? No Date of .....
For what disease or injury? —
Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury July 22 1936
Where did injury occur 1604 E. Lanvale St. Balto. Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Had a heart attack and fell
Nature of injury out of window where he was leaning

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) Paul Wheeler M. D.
Coroner
(Address) 1919 E. North Ave.

S. B.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 6

F 25970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25970

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 3321

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer E. Bruce. If U. S. Veteran specify WAR ...

(a) Residence: No. 1448 Light St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of XXXXXXX Lottie Bruce.

6. DATE OF BIRTH (month, day, year) August 28, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship fitter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Granville Bruce.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Burl.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Catherine Bruce. (mother)
(Address) 1448 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date July 24, 19X6

19. UNDERTAKER P. Howard Evans
(Address) 1400 S. Charles St.

20. FILED ... Huntington Undertaking Co.

JUL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Yellow atrophy of the Liver	
Chronic Alcoholism.	
	over

Other contributory causes of importance:

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt M. D.
Coroner

7/22/36 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH CAPABLE INK. Every item should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25971 ✓ F 25971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Ann Street St. 2-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maryanna Piskor

(a) Residence: No. 208 South Ann Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of: Late Martin Piskor

6. DATE OF BIRTH (month, day, year) Nov. 6th, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 77	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Bogdan

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rozalia ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Kollner-Daughter.

(Address) 208 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date July 27 1936

19. UNDERTAKER George A. Weber

(Address) 705 S. Conkling St. Huntington, Indiana

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936 to July 22, 1936

I last saw h.. alive on July 22, 1936 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset July 5

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo L. Kolacke M. D.

(Address) 126 S. Patterson Pk. Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 9 2

JUL 23 1936

M. D. B. 1268-2

F 25972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis H. Sawyer. If U. S. Veteran specify WAR ...

(a) Residence: No. Marley Neck, A.A.Co. Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~MARRIED, widowed, or DIVORCED~~ HUSBAND of ~~WIFE~~ of Emma Sawyer.

6. DATE OF BIRTH (month, day, year) March 12, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit, Mich.

FATHER

13. NAME Henry Sawyer.

14. BIRTHPLACE (city or town) (State or country) Detroit Misch.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Catherine L.E. Martini (daughter)
(Address) 110 Callender St.

18. BURIAL, CREMATION, OR REMOVAL,
Place National Date 7/25/ 1936

19. UNDERTAKER John J. Cowan & Son.
(Address) 501 Hollins St.

FILED ... 19 ... Registrar

UL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Reinhardt M. D.
(Coroner)

7/22/36 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. ... should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

25973

F 25973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 N. Pearl St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Cain

If U. S. Veteran specify WAR .....

(a) Residence: No. 325 N. Pearl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	28	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allendale S.C.

FATHER

13. NAME Wm. Cain

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Rosa L. Hayes

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mary Munt

(Address) 716 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pinewood, S. C. Date July 28, 1936

19. UNDERTAKER Walter B. Spruill

(Address) 130 William St.

20. FILED JUL 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day and year) July 22, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy & Inquiry and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Kelly Allen, M. D. Coroner

(Address) 225 N. Linn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25974

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 ½ Castle St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Zika

If U. S. Veteran specify WAR .....

(a) Residence: No. 1036 ½ Castle St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Zika

6. DATE OF BIRTH (month, day, year): 1860

7. AGE: Years: 76 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Czech-Slovak

FATHER

13. NAME: Zika

14. BIRTHPLACE (city or town) (State or country): Czech-Slovak

MOTHER

15. MAIDEN NAME: Fyrst

16. BIRTHPLACE (city or town) (State or country): Czech Slovak

17. INFORMANT: Barbara Zika

(Address): 1036 ½ Castle St

18. BURIAL, CREMATION, OR REMOVAL: Oak Hill July 24-36 19

19. UNDERTAKER: August Pasch Inc

(Address): 3531 Eastern Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21 36

22. I HEREBY CERTIFY, That I attended deceased from June 1 36 to July 21 36

I last saw him alive on July 21 36 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1931
Other contributory causes of importance:	
Cerebral Hemorrhage	6/1/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William J. Bryan M. D.

(Address) 801 Cathedral

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

JUL 23 1936

M. D. B 1268-9

F 25975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unnamed Infant Threet

If U. S. Veteran specify WAR .....

(a) Residence: No. 2310 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) July 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant child

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Nannie Threet

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Balto City Hos. record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date July 23 1936

19. UNDERTAKER .....

(Address) .....

20. FILED JUL 23 1936 Registrar.

2484

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema from	
Cardiac	
Vascular insufficiency	

Other contributory causes of importance: heat prostration

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright Coroner M. D.

(Address) 1010 E. Chase St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 25976

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bet C Ty Hospitals St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Washington

(a) Residence: No. 302 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, used to do housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Fortune (granddaughter)

(Address) 308 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place W. Mt. Lebanon Date July 23, 19 36

19. UNDERTAKER Undertaker

(Address)

20. FILED JUL 23 1936 H. Eugene Pennewell Registrar.

2483

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Bronchial pneumonia	
(senile)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. V. Wright M. D.

Coroner

(Address) 1015 E. Lafayette Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25977 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25977

CERTIFICATE OF DEATH

X 34-107-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 St., or Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Brown

(a) Residence: No. Montefiely Rd Glenbrook, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Brown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date July 23 1936

19. UNDERTAKER
(Address)

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 3rd . 1936, to July 21st . 1936
I last saw him alive on July 21st . 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	
Bronchopneumonia	July 15 '36

Other contributory causes of importance:

arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis S. Dickey M. D.
(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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JUL 23 1936 Registrar

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25978

✓ F 25978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Lightner

(a) Residence: No. 1001 J St. St., Ward. Sparrows Point
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie

6. DATE OF BIRTH (month, day, year): 5-?-91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 079

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S Car

FATHER

13. NAME: Milton Lightner

14. BIRTHPLACE (city or town) (State or country): S Car

MOTHER

15. MAIDEN NAME: Mary Brice

16. BIRTHPLACE (city or town) (State or country): S. Car

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Chester South Caroline 7/25/36

19. UNDERTAKER: Edward Bryan
(Address) 1647 Orleans St

UL 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936 to July 22, 1936

I last saw him alive on July 22, 1936. Death is said to have occurred on the date stated above, at 10¹⁵ p m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Pneumonia Lobar d Bacterial Endocarditis.	

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David B Allen M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. #1-9 F 25979

F 25979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-6 St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Vera C. Watson

(a) Residence: No. 827 Franklintown Rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Michael Joseph Watson

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Bridget Clark

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Agnes Jean Watson
(Address) 1310 W. 30th St.

18. BURIAL, CREMATION, OR REMOVAL Date July 25 1936
New Cathedral

19. UNDERTAKER Chenoweth & Son
(Address) 3615-17 Eastern Ave.

20. FILED JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1936

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and find that said deceased came obtained by said (Inquest, Autopsy or Inquiry) to death on the day stated above. 11.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Left frontal Severe burns about the body,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/17 1936

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home #827 Franklintown Rd

Manner of injury Fell asleep, lighted cigaret & fire had caught on clothes

Nature of injury Burns entire body, burned.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Haun Coroner, M. D.

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25980

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12240 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? 26 yrs. mos. ds.

2. FULL NAME Mary DeSarro

(a) Residence: No. Box 75 Martell Ave., Balto., Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony

6. DATE OF BIRTH (month, day, year): 12-1-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Grace Bottow

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Steubenville Ohio Date 7/25/36

19. UNDERTAKER: Frank V. Pipitone

(Address): 2818 E. Baltimore St.

20. FILED 19

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-10-36, 19, to 7-23-36, 19

I last saw her alive on 7-23-36, 19. Death is said to have occurred on the date stated above, at 12:40pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lem H Feldman M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25981

HEALTH DEPARTMENT—CITY OF BALTIMORE

25981

CERTIFICATE OF DEATH

191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 N Stricker St., 16-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen Wilson Smith

(a) Residence: No. 1216 N Stricker St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Christiana

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60 yrs | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baptist Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0018

12. BIRTHPLACE (City or town) (State or country): Baltimore Co Maryland

FATHER

13. NAME: Jesse Smith

14. BIRTHPLACE (City or town) (State or country): Baltimore Co Maryland

MOTHER

15. MAIDEN NAME: Christiana

16. BIRTHPLACE (City or town) (State or country): Baltimore Co Maryland

17. INFORMANT: Rosia Nichols

(Address) 1346 Cresmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: W. Lawn Cem Cemetery Date: July 23, 1936

19. UNDERTAKER: Cockey & Gladden

(Address) 2161 W. Baltimore St.

20. Filed ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/31/36

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to July 31, 1936

I last saw h... alive on July 21, 1936 Death is said to have occurred on the date stated above, at 7:0... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	7/20/36
Other contributory causes of importance:	
Heart Prostration	7/10/36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, state how ...

(Signed) Shepherd Evans M. D.

(Address) 1-7 W. Mt. Royal Ave.

JUL 24 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK. ALL ITEMS MUST BE ANSWERED EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

25982 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 53-C F 25982

1. PLACE OF DEATH University Hosp. Registered No.

CITY OF BALTIMORE: (No. S 4th 2nd) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Zinkand

(a) Residence: No. 37 East Ave - Hagerstown St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~1884~~ 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Coverer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book Printing Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Andrew J. Zinkand

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME Emma Ensminger

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Ivy Zinkand
(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md Date 7/26 1936

19. UNDERTAKER C. M. Snyder & Sons
(Address) Hagerstown Md

20. FILED JUL 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15 1936 to 7-23 1936

I last saw her alive on 7-23 1936. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor.	1933
	over
Other contributory causes of importance: Sub dural & Coll - Basilar hemorrhage Medullary failure	7-21-36

Was an operation performed? Yes Date of (7-21-36 ~~7-21-36~~

For what disease or injury? Brain tumor

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? NO If yes, specify

(Signed) John M. Warren M. D.

(Address) Univ. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE MUST BE FILLED OUT IN FULL. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 25983

HEALTH DEPARTMENT—CITY OF BALTIMORE 25983

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 194-a

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian C Burkholder

If U. S. Veteran specify WAR

(a) Residence: No. 1414 Alton St. Ward. Beachview Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Burkholder

6. DATE OF BIRTH (month, day, year) May 14, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yarn spinner 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Mill

10. Date deceased last worked at this occupation (month and year) July 1936 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germantown Pa.

FATHER

13. NAME Wesley Burkholder

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Harriet C Coleman

(Address) 1414 Alton St. Beachview Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Beachview Pa. Date July 26 1936

19. UNDERTAKER Rolf & B. M. Walter

(Address) Park & Fulton Sts

20. FILED ... 19 ... By ... Registrar

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Injury) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Injury) find that said deceased came death on the day stated above. 5-30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Throat	

Other contributory causes of importance: none

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury July 19 36

Where did injury occur? Chesterton Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At daughter's home

Manner of injury Swallowed chicken bone

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Haer Coroner, M. D.

(Address) 1215 Harmony

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25984

F 25984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-8-95-B

$14350

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME May Denny

(a) Residence: No. 1700 Jackson St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 8-6-1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 25 1936

19. UNDERTAKER H. Sander Sons Inc
(Address) 1710 Pleasant St Huntington Baltimore Md

Registrar.

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22- 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1936 to 7-22- 1936

I last saw h[illegible] alive on 7-22 1936 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	7-20-36
Hypertensive Cardio-vascular Disease	Unknown

Other contributory causes of importance:

Arteriosclerosis	"

Was an operation performed? No Date of none

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John T. Ramey M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 25985

F 25985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21-W Ward)

Registered No. 13738

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Bowrey Arthur Clayborn Bowrey

If U. S. Veteran specify WAR

(a) Residence: No. 825 W. Cross St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Bowrey

6. DATE OF BIRTH (month, day, year) 2-11-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scully Iron Foundry

10. Date deceased last worked at this occupation (month and year) Aug. 1931

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Arthur Bowrey (deceased)

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jennie ~~Bowrey~~ (deceased)

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 25 , 19 36

19. UNDERTAKER P. A. Cook

(Address) 1005 N. Baltimore St.

[redacted]

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1936 to 7-23, 1936

I last saw him alive on 7-23, 1936 Death is said to have occurred on the date stated above, at 8:46 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Urinary)	?
Bladder Stone (Urinary)	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Brannigan, M. D.

(Address) Baltimore City Hosp.

N. B.—WRITE PLAINLY, WITH PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25086 F 25986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Fagley St. 26-4 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 76 yrs. ..... mos. ..... ds.

2. FULL NAME Conrad Wagner

If U. S. Veteran specify WAR. No.

(a) Residence: No. 717 S. Fagley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Aug 17 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly brewer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Wagner Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Krafft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catharine Wagner
(Address) 717 Fagley St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date July 25, 1936

19. UNDERTAKER George W. Sibley
(Address) 1737 E. Eager St

JUL 24 1936 19 Huntington Williamson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Wright, M. D.
Coroner

(Address) 1016 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25987 ✓ F 25987

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Laurens St., 16-2 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Harrison Baker If U. S. Veteran specify WAR World

(a) Residence: No. 1115 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla Addie Baker

6. DATE OF BIRTH (month, day, year) May 1,

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5yrs

12. BIRTHPLACE (city or town) (State or country) Scranton Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " Pa

17. INFORMANT Priscilla Addie Baker wife.
(Address) 1116 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date July 24, 1936

19. UNDERTAKER Charles H. Burkett
(Address) 5-28 Laurens St. Huntington Williamsport

Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Adams M. D. Coroner

(Address) 1215 Harmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 24 1936

World War veteran

F 25988 ✓ F 25988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3608 (St.) Spaulding Ave (Ward) 27-18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Mohr

If U. S. veteran specify War Record No Record

(a) Residence: No. 3608 Spaulding St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Daisy L. Mohr

6. DATE OF BIRTH (month, day, year): July 26 1860

7. AGE: Years 75 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 013
10. Date deceased last worked at this occupation (month and year): July 1935
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Daisy L. Mohr 3608 Spaulding

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: July 25 36

19. UNDERTAKER (Address): William Cook 1211 St Paul St

... 19 ... Registrar.

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1936 to July 23, 1936

I last saw h[illegible] alive on July 23, 1936 Death is said to have occurred on the date stated above, at 8:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Primary)	1931
Other contributory causes of importance: Cystitis and Uremia	July 5, 1936

Was an operation performed? Yes Date of Dec 23 1935

For what disease or injury? Between bladder and rectum in 1931

Name of operation Fulguration Date of 1935

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Luther E. Little, M. D.

(Address) 9 E 8 N. Chas. St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25989

F 25989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N. Wadeira St., 7-3 Ward)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Linhart

(a) Residence: No. 704 N. Wadeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vaclav Linhart

6. DATE OF BIRTH (month, day, year) JUNE 4 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER

13. NAME Joseph Kout Texas.

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Mrs. Mary Rooden

(Address) 704 N. Wadeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July 25 1936

19. UNDERTAKER August Koch Jr.

(Address) 2331 Gelston Ave.

[illegible]

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935 to July 22 1936.

I last saw her alive on July 21 1936. Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Broncho Pneumonia	7/20/36

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pakorny M. D.

(Address) 2200 E Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 24 1936

F 25990

3144 31

F 25990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Hayes

(a) Residence: No. 817 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 3-17-02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.. H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .

12. BIRTHPLACE (city or town) (State or country) VA

FATHER

13. NAME William Panara

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dorothy Wheeler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Laurenceville Va Date 7/25/36

19. UNDERTAKER Robert L. Young & Co.
(Address) 20 W. Caroline St.

JUL 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to July 23, 1936

I last saw her alive on July 23, 1936. Death is said to have occurred on the date stated above, at 3'5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis (Right Lung)	[redacted]
Multiple abscesses (Right Lung)	July 1936
Empyema (right)	July 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of July 1936

For what disease or injury? Bronchiectasis

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Daniel Nicholson M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25991

O.K. - Paul Schenker, M.D.

F 25991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Guilford Ave St., 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Sturgis

If U. S. Veteran specify WAR

(a) Residence: No. 2300 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emeline Sturgis

6. DATE OF BIRTH (month, day, year) April 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloster County Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Gloster County Va

17. INFORMANT Oliver Sturgis (Son)

(Address) 2300 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Gloster County Va Date 7/24/36

19. UNDERTAKER Robert K. Gruver

(Address) 801 W. Baltimore St.

20. FILED JUL 24 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 22, 1936

I last saw him alive on July 18, 1936. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism — Date of onset July 22/36

Other contributory causes of importance:

Fractured Ribs injury to Lung — July 15

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 15, 1936

Where did injury occur? Gloucester Co. Va (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from ladder

Nature of injury Fracture rib with injury to lung

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice L. Adams M. D.

(Address) 426 E 23rd St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 25992

F 25992 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

Registered No. U-684

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-2 Psych Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Raphael Dalesio

(a) Residence: No. 315 S. High St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Angelina

6. DATE OF BIRTH (month, day, year) Jan. 15 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michele D'Alesio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Daughter: Josephine

(Address) 122 N. Curley St. City

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jul. 25 1936

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Motley St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22-36, 19

22. I HEREBY CERTIFY, That I attended deceased from August, 19 35 to July 22, 19 36

I last saw him alive on 7-22-36, 19 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-traumatic psychosis	1932
Other contributory causes of importance:	
Terminal convulsive state	12 hrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury Sept. 19 32

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of Injury Thrown from truck Auto

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? If [illegible] specify Unknown

(Signed) [signature] M. D.

(Address) B. C. Hosp.

F 25993 ✓ F 25993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F Murphy

(a) Residence: No. 236 Helen St Cincinnati Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel Murphy

6. DATE OF BIRTH (month, day, year) Nov 2 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carman Employee of B & O R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 ?

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME Michael Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret Corcoran

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Ethel Murphy

(Address) 236 Helen St Cincinnati O.

18. BURIAL, CREMATION, OR REMOVAL

Place Cincinnati O. Date July 24 36

19. UNDERTAKER George Leimbach

(Address) 525 Lyndhurst St

20. FILED ..... 19 ..... Registrar.

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22 1936 to July 27 1936

I last saw h im alive on July 24 1936. Death is said to have occurred on the date stated above, at 5 50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C. V. Disease	5 years
Coronary Occlusion	July 22 36.
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J Warren Albrittain M. D.

(Address) University Hospital

NOTE.—WRITE PLAINLY, with unfading ink. Use typewriter if possible. Please answer all questions. Omit abbreviations. Any physician having information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 25994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25994

CERTIFICATE OF DEATH

X ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME JOHN REDMILES

(a) Residence: No. LAUREL MARYLAND St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of) Carrie Redmiles

6. DATE OF BIRTH (month, day, year) Mar. 4, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
73	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Redmiles

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Carrick.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Raymond Redmiles
(Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Savage Md Date July 26 36

19. UNDERTAKER Floyd Kaiser
(Address) Laurel Md.

JUL 24 1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936 to July 24, 1936

I last saw him alive on July 24, 1936. Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRO-VASCULAR ACCIDENT	7-22-36
CEREBRAL EDEMA	7-22-36

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. D. Leonhardt Jr. M. D.
(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any wilful misstatement or omission of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 25995

25995 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Mc Henry St. 14-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Kromburger

(a) Residence: No. 1620 Mc Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis albert Kromburger

6. DATE OF BIRTH (month, day, year) March 22, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Daniel Battenfield

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Barbara Battenfield

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Son

(Address) 1625 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date July 27 1936

19. UNDERTAKER Harry T. Nitzke

(Address) 4101 Edmondson Ave

20. FILED JUL 27 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 24, 1936

I last saw h... alive on July 23 1936. Death is said to have occurred on the date stated above, at 1st P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7-17-36
(Uremic Coma)	7-23-36
Other contributory causes of importance: chronic Nephritis	unknown

Name of operation None Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nathan Racusin, M. D.

(Address) 2065 S. Gilmor St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 25996

F 25993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V46-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Peaks

(a) Residence: No. 906 Mc Donogh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-10-03

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelmill 6 008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Ernest Peaks

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Willie Brooks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bremo Bluff Va Date July 25 1936

19. UNDERTAKER Robert W. Blair
(Address) 1513 Monument St

20. FILED ..... 19 ..... Registrar

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26 1936 to July 23 1936

I last saw him alive on July 23, 1936 Death is said to have occurred on the date stated above, at 6⁵ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon.	1/1/36
Intestinal Obstruction	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/1/36

For what disease or injury? Carcinoma Colon

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Donald Hooker, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Only such information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

25997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25997

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 E. Baltimo St. No-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph P. France

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3415 E. Balto St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances D. France

6. DATE OF BIRTH (month, day, year) May 16 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. news carrier & collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto News-Post

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Joseph P. France

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Alfred H. France (Son)

(Address) 621 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date July 27, 1936

19. UNDERTAKER William Leach

(Address) 1217 St. Paul St

20. FILED July 27, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary embolism	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Eutaw St.

Spec.—12-9-25—A Co.—200 Bks.

25998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25998

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6728 Philadelphia Road St. 26-41 Ward)

2-FULL NAME Petrick Henry Fulcher

(a) RESIDENCE NO. 6728 Philadelphia Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? No Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Savina Fulcher

6 DATE OF BIRTH (month, day, and year): December 29th 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	50	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Light Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Federal Govt

(c) Name of employer: Light House Service

9 BIRTHPLACE (city or town): Unknown

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Frank Fulcher

(Address): 6728 Phila Road

JUL 25 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 23, 1936

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1936 19 ..... to July 23, 1936, 19 .....,

that I last saw him alive on July 23, 1936, 19 .....,

and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis over

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Theodore Hilgen, M. D.

, 19 (Address) 2942 East Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — Date of Burial: July 25 19 36

20 UNDERTAKER: William Cook — ADDRESS: 1217 Sharp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 25999

F 25999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 27-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Julia England

(a) Residence: No. 2914 Lonsdale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A. England

6. DATE OF BIRTH (month, day, year) Dec 31. 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 6/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Thomas Gorsham

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles E. England
(Address) 2812 Hillcrest Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 27 1936

19. UNDERTAKER Leonard J. Rucker
(Address) 5305 Harford Road

Filed ..... 19..... Registrar.

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5 1936, to July 24 1936

I last saw her alive on June 24 1936. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	12
Diabetes Chronic Nephritis and Endocarditis	2 years

Other contributory causes of importance: Coronary Occlusion following Operation

Was an operation performed? Yes Date of June 24 1936

For what disease or injury? Ca of Breast Uterus

Name of operation Mastectomy Date of June 5 1936

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Ellingwood M. D.

(Address) St Joseph Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be made in every item. If information is not known, so state. OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26000

46-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Caroline & Division Sts (Ward 9-9)

CITY OF BALTIMORE: (No. St Josephs Hospital)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sr Mary Primitiva D.S.F. (Margaret Fisher)

(a) Residence: No. St Josephs Hospital S., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Returned Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Thomas Kubrie

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Stueller

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records of St Josephs Hosp.

(Address) Caroline & Division Sts

18. BURIAL, CREMATION, OR REMOVAL Date July 27 1936

Place Holy Redeemer Cem.

19. UNDERTAKER Henry Thos Kelly, Inc.

(Address) 1301 E. Eager St

20. FILED 1936 Registrar.

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1935, to 7-24 1936

I last saw her alive on 7-24 1936. Death is said to have occurred on the date stated above, at 3 15 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of June 28, 1935

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy Date of 6-28-35

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis R Stephenson M. D.

(Address) St Josephs Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 2

M. D. B. 1265-1

F 26001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Longwood St., 15-6 Ward)

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Lacher

If U. S. Veteran specify WAR

(a) Residence: No. 1907 Longwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V Lacher

6. DATE OF BIRTH (month, day, year) Dec 1- 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muskin Shoe Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 55 Yrs

12. BIRTHPLACE (city or town) (State or country) Butte Mt

FATHER

13. NAME Lacher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Caroline Wiser

(Address) 1907 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/27 19 36

19. UNDERTAKER Lorman Bok

(Address) 409 E Saratoga St

20. FILED 19 Registrar

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at about 6 00 a m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Bullet wound in head	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/24, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 2 Story 1907 Longwood St

Manner of injury With Pistol

Nature of injury Bullet through head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Hara, M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and on information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

M. D. B. 1268-9

F 26002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26002

CERTIFICATE OF DEATH

125-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Bateman Ave St. 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leona N. Wehrmann

(a) Residence: No. 3905 Bateman Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Wehrmann

6. DATE OF BIRTH (month, day, year) Sept 13 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Stevenson

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME Jane Evans

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Elsie M Deitz

(Address) 3905 Bateman Ave

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date July 27 1936

19. UNDERTAKER Chas. J. Bloch

(Address) 712 W. Lexington St.

20. FILED JUL 25 1936 19 ... Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936 to July 27 1936

I last saw her alive on July 23 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Gastritis & Hepatitis & Infirmities

Date of onset

Other contributory causes of importance:

Infirmities yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? ns

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. O. Carman M. D.

(Address) 1701 N Caroline St

F 26003

F 26003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

1. PLACE OF DEATH St. Agnes Hospital Wilkins ave Balt 193-W — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 193-W Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs Lula Carroll — If U. S. Veteran specify WAR ____

(a) Residence: No. 25 E. Randall St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
6 Fmale	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. Carroll

6. DATE OF BIRTH (month, day, year) Feb 28, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
59	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) June 1935 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Geradine Inger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J. Powell (Son) (Address) 25 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date July 27, 1936

19. UNDERTAKER A. Howard Evans (Address) 1600-a [illegible] Huntington Pharmacy

20. FILED ____ 19____ Registrar.

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23- 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to July 23 1936

I last saw her alive on July 23 1936. Death is said to have occurred on the date stated above, at 11 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Embolism	
Other contributory causes of importance:	

Was an operation performed? yes Date of 7-22-36

For what disease or injury? Vaginal cleanse

Name of operation Vaginal cleanse Date of 7-22-36

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W A Parr M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26004

F 26004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1162 Nanticoke St. 21-W Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Sullivan If U. S. Veteran specify WAR

(a) Residence: No. 1162 Nanticoke St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Sullivan

6. DATE OF BIRTH (month, day, year) July 15th, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas B. Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary A. Allen

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Raymond Sullivan

(Address) 1162 Nanticoke St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 25 1936

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W Fayette St

Filed 19 Huntington Williams, M.D. Registrar.

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24 1936 to July 22 1936

last saw h alive on July 22 1936 Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Albert H. Kahn M. D.

(Address) 1005 W. North Ave

F 26005

✓F 26005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Bessie Hodges

If U. S. Veteran specify WAR .....

(a) Residence: No. 622 Dumbarton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. James D. Hodges 1890

6. DATE OF BIRTH (month, day, year) Dec. 20, 1890

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46 yrs.		7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 8, 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John W. LeCompte

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Mary [illegible]

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James O. Hodges

(Address) 622 Dumbarton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7-27 1936

19. UNDERTAKER Ellis S. White.

(Address) 2514 Huntington Ave.

20. FILED ..... 19 ..... Registrar

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to July 23, 1936

I last saw her alive on July 22, 1936 Death is said to have occurred on the date stated above, at 7 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post. Op. Shock & Thyroid Storm	

Other contributory causes of importance:

Toxic adenoma of thyroid

Was an operation performed? yes Date of July 22

For what disease or injury? Toxic adenoma Thyroid

Name of operation Thyroidectomy Date of July 22

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. H. Cutler M. D.

(Address) .....

F 26006

F 26006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 258 N. Exeter St. 5-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luciano Diodone

If U. S. Veteran specify WAR .....

(a) Residence: No. 258 N. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.17. 10 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wendell J. Deppe

(Address) 1405 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Date July 26, 1936

19. UNDERTAKER Wendell J. Deppe

(Address) 1405 Light St Huntingdon Pennsylvania

20. FILED ..... 19 ..... Registrar.

JUL 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elmer B. Wallace M. D.

Coroner.

(Address) 1031 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26007 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26007

CERTIFICATE OF DEATH

124a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph A. Manak

If U. S. Veteran specify WAR .....

(a) Residence: No. 926 N. Washington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 21 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frank Manak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mekrom

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT John Manak
(Address) 926 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 27 1936

19. UNDERTAKER Frank Creech & Son
(Address) 1900 Eastland Ave.

FILED JUL 25 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cirrhosis of Liver (Undetermined Origin)	

Other contributory causes of importance: Hepato Duodenitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 26008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26008

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH — Registered No. 12669

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ____ Ward) 27-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Frederick Bierlein — If U. S. Veteran specify WAR ____

(a) Residence: No. 816 Willow Ave. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Frederick Bierlein

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Martha ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Vacant Hill Date 7/25 19 36

19. UNDERTAKER J. J. Frahey & Son
(Address) 1318 Eutaw St

FILED 19 ____ Registrar.

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22 19 36

22. I HEREBY CERTIFY, That I attended deceased from 3-26 19 27 to 7-22 19 36

I last saw him alive on 7-22 19 36 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	7-19-36
Arteriosclerosis	unknown

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) John T. Rainey M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

26009 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 26009

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH — Registered No. .....
CITY OF BALTIMORE: (No. Balto City Hospital St., 5 Ward) 3-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bennett Wiggins — If U. S. Veteran specify WAR .....

(a) Residence: No. 413 S Carrollton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christine

6. DATE OF BIRTH (month, day, year) Sept 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fabrer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. interurban 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cofield North Carolina

FATHER

13. NAME Jas. W.

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Virginia Jones

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Effie Wiggins daughter.
(Address) 413 S. Carrollton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cofield N.C. Date July 25 1931

19. UNDERTAKER James A. Stamper
(Address) 1422 Westfield St

20. FILED July 26 1931 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
from myocarditis	

Other contributory causes of importance:
acute pulmonary oedema

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R. M. Wright M. D. Coroner
(Address) 1010 S. Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26010

CERTIFICATE OF DEATH

72 B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Belair Road St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

2. FULL NAME Florence Edna Schutz

(a) Residence: No. 4808 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles D. Schutz

6. DATE OF BIRTH (month, day, year) Nov. 5th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William L. French

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary C. Cofferise

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Charles D. Schutz (Address) 4808 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery July 27 1936

19. UNDERTAKER Frederick J. Stasinowsky (Address) 2401 Elmer Road

20. FILED 19 Registrar

JUL 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19 1936 to July 24 1936

I last saw him alive on July 24 1936. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Hodgkins Disease

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clark Dennis M. D.

(Address) 4706 Hopkins Pl

7/25/36

F 26011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26011

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Jaffe

(a) Residence: No. 4214 Reisterstown Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Louis Jaffe

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Esther Kramer

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Louis Jaffe

(Address) 4214 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Rosedale Date 7/24/36

19. UNDERTAKER Funk & Lemmon

(Address) 1439 E. Baltimore St

19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1936, to 7-25, 1936

I last saw her alive on 7-25, 1936. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus & brain due to	7-22
air drawn into intake	
& possibly intestinal tract	
Other contributory causes of importance:	
Pneumonia (R L	7-24

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. J. Frank Wilkins Jr. M. D.

(Address) Maryland Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 26 1936

M. D. B 1268-9

F 26012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26012

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1951 N. Collington Ave St., 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuele Piraino

(a) Residence: No. 1951 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giuseppina Piraino

6. DATE OF BIRTH (month, day, year) May 16 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

FATHER

13. NAME Vincenzo Piraino

14. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

MOTHER

15. MAIDEN NAME Giuseppina Purnide

16. BIRTHPLACE (city or town) (State or country) Cefalu' Italy'

17. INFORMANT Vincent Piraino

(Address) 3534 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date July 27 1936

19. UNDERTAKER Frank Della Rose

(Address) 724 S. Morley St.

JUL 27 1936 Washington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1936 to July 23rd 1936

I last saw h alive on July 23rd 1936 Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coordio-Vascular Renal disease	1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Physical findings No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. B. Lubrano M. D.

(Address) 1901 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26013 ✓ F 26013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 417 E. Lorraine Ave. St., ... (Ward) 12-3

Length of residence in city or town where death occurred 56 Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Powers — If U. S. Veteran specify WAR .....

(a) Residence: No. 417 E. Lorraine Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of ([redacted]) of the late Brigid Powers

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 78 Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Michael Powers

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Miss Margaret E. Powers, 417 E. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL — Place New Cathedral Cemetery Date July 28 1936

19. UNDERTAKER (Address): Henry Haack & Sons Inc. 301 E. Eager St. Huntington, West Virginia

20. FILED JUL 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 7/11 1936 to 7/25 1936

I last saw h..... alive on 7/25 1936 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility. Arteriosclerosis	
Other contributory causes of importance: Hypostatic Pneumonia	7/23/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Bernard Lowe M. D.

(Address) 1216 E. Calvert St.

26014
316527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26014

CERTIFICATE OF DEATH

89B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1605 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Fusco

(a) Residence: No. 2513 W. Lafayette Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Olive

6. DATE OF BIRTH (month, day, year): 11-1-69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	67	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fruit Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0045'

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Joseph

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Jul 27 1936

19. UNDERTAKER: Frank V. Pipetone
(Address) 2518 E. Biddle St

Filed JUL 27 1936 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JUL 26 1936

22. I HEREBY CERTIFY, That I attended deceased from JUL 23 1935 to JUL 26 1936

I last saw him alive on JUL 26 1936. Death is said to have occurred on the date stated above, at 3:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, cerebro-spinal	7-20-36
(Primary)	

Other contributory causes of importance:

Mastoiditis acute, lt.	6-1-36

Was an operation performed? Yes Date of July 23 1936

For what disease or injury? Mastoiditis, acute, left, spinal fluid

What test confirmed diagnosis? culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas Chamberlain M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 26015

✓E 26015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

948

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 ~~or~~ Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise E. Stoll

If U. S. Veteran specify WAR none

(a) Residence: No. 1402 N. Montford Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John M. Stoll

6. DATE OF BIRTH (month, day, year) December 27 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Menzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Raymond H. Stoll

(Address) 1402 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 7/27/36

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St.

20. Filed ..... 19..... Huntington Williams MD

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schentag M. D.

Coroner

(Address) 1918 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1936

F 26016

3161 59

F 26016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 10 Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Lester

(a) Residence: No. 702 Aisquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-8-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	17 5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jesse Lester

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Nannie Langley

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/27 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave. Huntington Pharmacy

JUL 27 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to July 19, 1936

I last saw her alive on July 19, 1936 Death is said to have occurred on the date stated above, at 6 58 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	7-11-36
(Coma)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Cruthers M.D.

(Address) Johns Hopkins Hosp.

I. [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B. B. 1268-9

F 26017 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26017

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N. Broadway Ward) 8-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel L. Cowger

(a) Residence: No. 1702 N. Broadway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER

13. NAME John P. Cowger

14. BIRTHPLACE (city or town) (State or country) Franklin W. Va.

MOTHER

15. MAIDEN NAME Mary E. Heavner

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Jesse P. Collier

(Address) 1702 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date July 27 1936

19. UNDERTAKER Richard F. Cooley

(Address) 1341 Gorsuch Ave. Huntington Williams

JUL 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from December 21 1935 to July 24 1936

I last saw h[illegible] alive on July 24 1936 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	12
Chronic Nephritis	1/4
Uremia	25
Other contributory causes of importance:	
Apoplexy	July 1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 975 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 26018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 26018

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 E Cross St., 24-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Francis Pardoe

If U. S. Veteran specify WAR

(a) Residence: No. 217 E. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Lee Pardoe

6. DATE OF BIRTH (month, day, year) July 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

FATHER

13. NAME Wesley Buckler

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Hattie Bowen

(Address) 307 E. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem. Lusby, Calvert Co. Md. Date July 28 1936

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eagle St.

JUL 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936 to July 25, 1936

I last saw her alive on July 25, 1936. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular	
renal disease	?
Other contributory causes of importance:	

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - - Date of

What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 3

M. D. H. 1265-9

F 26019 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26019

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17-2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Albert Chew

If U. S. Veteran specify WAR

(a) Residence: No. 536 Oxford St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leola

6. DATE OF BIRTH (month, day, year) April 15 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter-paint

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Glass factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) West River Maryland.

MOTHER

15. MAIDEN NAME (Annie Lewis

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Louise Mann (sister)

(Address) 1425 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7-27- 1936

19. UNDERTAKER Wm. H. Holland

(Address) 21 Druid Hill Ave

20. FILED JUL 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Possibly If so, specify Worked at unusual occupation

(Signed) H. W. Wright M. D.

Coroner

(Address) 100 S. Calhoun Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 26020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26020

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 N. Milton Av St., 7-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? 64 yrs. mos. ds.

2. FULL NAME Anna Agnes Gladby If U. S. Veteran specify WAR

(a) Residence: No. 741 N. Milton Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Gladby

6. DATE OF BIRTH (month, day, year): May 6, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Joseph Pozonek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Frank Gladby
(Address): 741 N. Milton Av

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: July 29, 1936

19. UNDERTAKER: Frank Grach & Son
(Address): 1906 Ashland Ave

JUL 27 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936 to July 26, 1936

I last saw her alive on July 26, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Thanos, M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

UF 26021

F 26021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

316 3

X 160B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Lawrence

(a) Residence: No. 119 Dundalk Ave St., ... Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/29/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 weeks	2 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Margaret Lawrence

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 27 1936

19. UNDERTAKER Forard J. Rugh
(Address) 1305 Harford Rd

Huntington Williams
Registrar.

UL 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to July 25, 1936
I last saw h[illegible] alive on July 25, 1936 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

Brain Injury — Date of onset Birth 6-29-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm. C. Stiles M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26022 ✓ F 26022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Barnes St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Jennings

If U. S. Veteran specify WAR

(a) Residence: No. 1718 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bruce Jennings

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Creve Va

FATHER

13. NAME Arthur Chatmond

14. BIRTHPLACE (city or town) (State or country) Creve Va

MOTHER

15. MAIDEN NAME Martha Fowlkes

16. BIRTHPLACE (city or town) (State or country) Creve Va

17. INFORMANT Arthur Creve
(Address) Creve Va

18. BURIAL, CREMATION, OR REMOVAL
Place Creve Va. Date July 27 1936

19. UNDERTAKER Byron Marye & Wright
(Address) 1 Pine Alderly St.
Funeral Director

UL 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-7- 1936 to 7-24- 1936

I last saw her alive on 7-22- 1936 Death is said to have occurred on the date stated above, at 9.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Rupture of Gall bladder & Peritonitis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Curgies M. D.

(Address) 611 N. Eden St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26023 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 26023

CERTIFICATE OF DEATH

8 20

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Belle Ave 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Freda Sherman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3911 Belle Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice M. Sherman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hyman Waskina

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Irene

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irene S. Yackman

(Address) 4013 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Rd Cem. Date [illegible] 19

19. UNDERTAKER Jack Leuss Inc.

(Address) 1439 E Balto. St

20. FILED JUL 27 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26/36 19

22. I HEREBY CERTIFY, That I attended deceased from July 26 1936 to July 26 1936, that I last saw h[illegible] alive on July 26 1936 Death is said to have occurred on the date stated above, at [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 26

Other contributory causes of importance:

Arteriosclerosis from History	1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. C. Sumwalt M. D.

(Address) 4309 Liberty Hgts

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26024

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Baltimore, Md.

2. FULL NAME Dr. William E. McClanahan

World War Veteran

(a) Residence: No. 1506 Ridge Rd. - Catonsville St., Ward.

(Usual place of abode) Maryland. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie C. McGinnes

6. DATE OF BIRTH (month, day, year) April 12, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0054

10. Date deceased last worked at this occupation (month and year) October - 1934.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Silas McClanahan

14. BIRTHPLACE (city or town) (State or country) King Geo. County Virginia

MOTHER

15. MAIDEN NAME Emma Johnston

16. BIRTHPLACE (city or town) (State or country) Westmoreland County Virginia

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Cathedral Date Jul 27 19 36

19. UNDERTAKER (Address) J. A. Mosan 3600 E. Baltimore St.

20. FILED 19 Registrar.

JUL 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936, to July 23, 19 36

I last saw him alive on July 23, 19 36 Death is said to have occurred on the date stated above, at 9:35p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis.	Unknown
Cardiac disease, myocarditis, chronic.	Unknown

Other contributory causes of importance:

Bronchopneumonia, terminal.

Acute dilatation of the stomach, terminal. No

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K K Bryant, M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

N. B.—WRITE PLAINLY, WITH CAPITAL LETTERS. THE LAW REQUIRES THAT ALL BLANKS SHALL BE FILLED. Any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26025

CERTIFICATE OF DEATH

210M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital St., 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Reinholdt

If U. S. Veteran specify WAR

(a) Residence: No. 1807 Edison Highway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Reinholdt

6. DATE OF BIRTH (month, day, year) Jan. 12th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year) July 25th 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Matthew Reinholdt

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Augusta Miller

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. J. S. Hardesty

(Address) 1807 Edison Highway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 27th 1936

19. UNDERTAKER Frederick Lansdowne Inc

(Address) 790 Edison Hwy

20. FILED JUL 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 7/25 1936

Where did accident occur? Edison Highway & Preston St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Nature of injury Struck by auto Died while

Nature of injury Crossing Street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Yellow Cab Co. M. D.

Coroner

(Address) 907 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1936

F 26026

✓F 26026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. 23-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 S. Charles St., Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan Leisure

(a) Residence: No. 1716 S. Charles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Leisure

6. DATE OF BIRTH (month, day, year) June 14, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Beall Spurrier

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elvira Watts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Leisure (Son)
(Address) 433 Westgate Rd.

18. BURIAL, CREMATION, OR REMOVAL.
Place Western Cem. Date July 28, 1936

19. UNDERTAKER J. Howard Evans
(Address) 1400 S. Charles St.

20. FILED JUL 27 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to July 26, 1936

I last saw her alive on July 26, 1936 Death is said to have occurred on the date stated above, at 2.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis, chronic aortic regurgitation of heart	June 19, 1935.
Other contributory causes of importance: X Cerebral hemorrhage	7/23/36

Was an operation performed? no Date of - - -

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Leibel, M. D.

(Address) 1224-1226 Hanover St.

INSTRUCTIONS.—This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

F 26027 ✓ F 26027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26-6 191

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. at Cottman & Erie St., Ward) at Sea en route New Orleans to Brest Mr to at Christine Maersk

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Gunner Ingolf Hansen

If U. S. Vet. specify WAR No Record

(a) Residence: No. Kortofte, Saxkobing, Denmark St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6 1912

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Engineer apprentice

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. 1930

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Saxkobing
(State or country) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country) Denmark

17. INFORMANT Henry Parkhelm, Capt.
(Address) S.S. Christine Maersk

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date July 27, 1936

19. UNDERTAKER
(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Stroke	

Other contributory causes of importance:
Probably arteriosclerosis.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Wright M. D.
Coroner

(Address) 1810 S. Edmondson Ave

JUL 27 1936

F 26027

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 26028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26028

174

4-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 678 W. Baltimore Sts. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Bussey Gordon

If U. S. Veteran specify WAR .....

(a) Residence: No. 678 W. Baltimore St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Gordon

6. DATE OF BIRTH (month, day, year) Aug. 15, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard F. Gordon

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Gordon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard F. Gordon

(Address) Timonium Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Cemetery Date July 28 19 36

19. UNDERTAKER Wm C. Brooks & Son

(Address) Towson

JUL 27 1936 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1936 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Knife Wound of Neck and Abdomen	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury July 25, 1936

Where did injury occur? 678 W. Balto. St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stabed with Knife

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. F. O'Sullivan M. D.

(Address) 3757 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26029 ✓ F 26029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 W. Lexington St. 20-1 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John George Eisenhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 2030 W. Lexington St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	68	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME John Augustus Eisenhardt

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Marklof

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs. Frieda Hoffrogge
(Address) 516 Old Orchard Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 27, 1936

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna. Aves.

20. FILED JUL 27 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to July 25, 1936
I last saw him alive on July 25, 1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	
Chronic Bronical Asthma	
Other contributory causes of importance:	
Cardiac Failure	6 Hrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Benj C. McCleary M. D.

(Address) 400 N. Payson St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 26030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie ~~Strohmann~~ Strohmann

If U. S. Veteran specify WAR

(a) Residence: No. 762 Carroll St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Single (D)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-16-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Tott

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date July 28 1936

19. UNDERTAKER W. J. Tuckey & Sons

(Address) North & Pa.

FILED JUL 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1931 to 7-25 1936

I last saw her alive on 7-25 1936 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	7-23-36
Hypertensive Cardio-vascular Disease	1933
Arteriosclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26031

✓ F 26031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

1. PLACE OF DEATH

Registered No. 15003

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Jackson

(a) Residence: No. 304 N. High St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 6/8/1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Sicily

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date July 27, 1936

19. UNDERTAKER J. F. [illegible]
(Address)

20. FILED 19 [illegible]
(Signature)

JUL 27 1936

248

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6-36, 19..., to 7-24, 1936

I last saw h.M alive on 7-24, 1936 Death is said to have occurred on the date stated above, at 12 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (primary)	7-22-36
Cerebral arteriosclerosis	Unknown
Progressive Cerebral Hemorrhage	"

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26032

✓ F 26032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen. Hosp St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Berwick

If U. S. Veteran specify WAR

(a) Residence: No. So. Balto Gen. Hosp. 602 W Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Martin Charles Berwick

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Clara Bodkosky

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date July 27, 1936

19. UNDERTAKER

(Address)

[illegible] Washington Williams

JUL 27 1936

2488

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 3:55 Am, 1936, to July 26 5:25 Am, 1936

I last saw her alive on July 26, 1936. Death is said to have occurred on the date stated above, at 5:25 Am.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Webb, M. D.

(Address)

F 26032 ← information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26033

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (Good Shepherd Hospital 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 407 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel Cohen

6. DATE OF BIRTH (month, day, year): March 10, 1876

7. AGE: Years 60 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 1870

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Louisa Va

FATHER

13. NAME: Louis Stevens

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Patient Carter

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Effie Wise

(Address) 409 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Auburn Date: July 28, 1936

19. UNDERTAKER: Joseph A. Libelys

(Address) 419 N Mount st

20. FILED: 7-27-1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 to July 24, 1936

I last saw her alive on July 24, 1936 Death is said to have occurred on the date stated above, at 5:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	
Renal Disease	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. B. Hughes M. D.

(Address) 145 Stirling Hall W.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 26034

HEALTH DEPARTMENT—CITY OF BALTIMORE

3 15762
F 26034

CERTIFICATE OF DEATH

92a
18-3

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Oa 6 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Flynn

(a) Residence: No. 807 W Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) 12-8-13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Taxi driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md

FATHER

13. NAME — John Flynn

14. BIRTHPLACE (city or town) (State or country) — Md

MOTHER

15. MAIDEN NAME — Mary Nevin

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT (Address) — Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL — New Cathedral July 29 '36

19. UNDERTAKER (Address) — Lilly & Sons [illegible]

[illegible] Registrar

JUL 27 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 25, 1936.

I last saw him alive on July 25, 1936. Death is said to have occurred on the date stated above, at 1045 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Mitral stenosis	
Chronic auricular fibrillation	
Chronic rheumatic heart disease	

Other contributory causes of importance:

Malaria

Was an operation performed? none Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James H Lemmans, M. D.

(Address) Johns Hopkins Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26035

F 26035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Elliott St St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kahler

If U. S. Veteran specify WAR

(a) Residence: No. 2807 Elliott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William F. Kahler.

6. DATE OF BIRTH (month, day, year) Dec 27 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July, 1935

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Scheffler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Seibert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Kahler (Address) 2807 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date July 29. 1936

19. UNDERTAKER Tilly & Fenton (Address) 40 E Fort Ave

Huntington Williams Co

UL 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to July 26, 1936

I last saw her alive on July 26, 1936 Death is said to have occurred on the date stated above, at 6 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Interstitial Nephritis	
Contracted Liver	
Myocardial Failure (Cause)	

Other contributory causes of importance:

Was an operation performed? Yes. Date of

For what disease or injury?

Name of operation Trans. Date of

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Schmieneck M. D.

(Address) 842 S. Eastern

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26936

✓ F 26936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 S. Bel Nor Ave St., 1-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Joseph Vastrey

(a) Residence: No. 917 S. Bel Nor Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Oct 3 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bread

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Vastreys

(Address) 917 S. Bel Nor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date July 28, 1936

19. UNDERTAKER August Pasak Inc.

(Address) 2531 Gallagher Ave

Filed ..... Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) H. Williams M. D.

(Address) 1 C I O S. Bellmont Ave

information should be carefully supplied. AGE should be stated EXACTLY. If UNDER 1 YEAR, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U S e

UL 27 1936

F 26037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26037

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Jnsn & Redwood St. 4 Ward 2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Smith

(a) Residence: No. 773 W Lexington St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) July 19th 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Sidney Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lydia Hohgain

16. BIRTHPLACE (city or town) (State or country) Arbutus Md

17. INFORMANT Sidney Smith

(Address) 773 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Pk Date July 28 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED JUL 27 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 7/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/24/36, 19 to 7/26/36, 19 .....

I last saw him alive on 7/26/36, 19 . Death is said to have occurred on the date stated above, at 855 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Meningococcic	7/24/36

Other contributory causes of importance:

Septicemia, meningococcic

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

Info. must be given by person who knows facts. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26038

✓ F 26038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: No. Home for Aged of M.E. Church St., 27-25 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Irvin

If U. S. Veteran specify War No Record

(a) Residence: No. 2211 Rogers St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Feb 5th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robt Irvin

14. BIRTHPLACE (city or town) (State or country) Belfast Ireland

MOTHER

15. MAIDEN NAME Margaret Russell

16. BIRTHPLACE (city or town) (State or country) Belfast Ireland

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hiss Cemetery Date July 28th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 27 1936 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3rd 1936 to July 26 1936

last saw h[illegible] alive on July 25 1936 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Senility

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George C. Shannon M. D.

(Address) 700 N. Fulton Ave

F 26038 — INSTRUCTIONS. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26039

F 26039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No.) Calvert St 33rd (Street) (Ward) 27 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. X mos. X ds.

If U. S. Veteran specify WAR 1898 War. No.

2. FULL NAME Milton Van Dyke

(a) Residence: No. 517 Carding Ave (Usual place of abode) Dr. Carding City Towson. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Ida Van Dyke

6. DATE OF BIRTH (month, day, year) Oct. 1, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	25	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter patent Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Generator plant 1086

10. Date deceased last worked at this occupation (month and year) June, 1936

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Van Dyke

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Crum

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Mrs. Ida Van Dyke

(Address) 517 Carding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Towson Date July 29 1936

19. UNDERTAKER William Cook

(Address) 1273 E. Fort Ave

Filed JUL 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to July 26, 1936

I last saw him alive on July 26, 1936 Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ureteral lithiasis, pilates. I & complete obstruction & consequent kidney damage.	6-22-36
Other contributory causes of importance: Hypostatic pneumonia.	7-24-36

Was an operation performed? Yes Date of 7-16-36

For what disease or injury? Ureteral lithiasis & obstruction pilates. I

Name of operation Cystoscopy, catheterization Date of 7-16-36

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Marie McGeehan, M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26040
M. D. B 1268-9

F 26040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Brevard St., 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Baby) Grant

If U. S. Veteran specify WAR .....

(a) Residence: No. 1116 Brevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Col	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) July 26 1936

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.
		1 stillborn	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sherman Grant

14. BIRTHPLACE (city or town) (State or country) Florence S.C.

MOTHER

15. MAIDEN NAME Lula Atkinson

16. BIRTHPLACE (city or town) (State or country) New Castle Va.

17. INFORMANT Lula Grant.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date 7/27 1936

19. UNDERTAKER Robert Halstead

(Address) 9 S. Dudley Ave

Huntington Pittsburgh

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart lesion	
Congenital	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C Hann Coroner, M. D.

(Address) 215 Harlow

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

JUL 27 1936

F 26041

26041 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 7118 Old Harford Rd. 27-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John W. McClonough
(a) Residence: No. 7118 Old Harford Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise McClonough

6. DATE OF BIRTH (month, day, year) June 24, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Club Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Golf~~ Suburban Club

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1909

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER
13. NAME John McClonough
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Barbara Cooney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Louise McClonough
(Address) 7118 Old Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 30 1936

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light St.

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/36

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936 to 7/27/36
I last saw h[illegible] on 7/27, 1936. Death is said to have occurred on the date stated above, at 6E. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyla W. Sollers M. D.

(Address) 5703 Harford Rd

UL 27 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26042

✓ F 26042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-53

U 13294

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals life St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph King

(a) Residence: No. 217 E. Biddle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25, ~~1898~~ 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~38~~	35	4	2 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James King

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Margaret Riley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 7/28 1936

19. UNDERTAKER 1214 E. Fort Ave.
(Address)

7-27 1936 Hampton Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 27 . 1936

22. I HEREBY CERTIFY, That I attended deceased from J - 29 . 1936 to 7 - 27 . 1936

I last saw him alive on 7 - 27 . 1936. Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
Bronchopneumonia	7-25-36
Pyoarthrosis Knee, Right	3-15-34
Abscess Leg, Right	5-20-36
Other contributory causes of importance:	
Ischio-rectal Abscess	7-16-36

Was an operation performed? yes Date of .....

For what disease or injury? see back of sheet

Name of operation ..... Date of .....

What test confirmed diagnosis? operation X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chas. Brantegan, M. D.

(Address) Baltimore City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26043

✓ F 26043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E

1. PLACE OF DEATH

Registered No. 15143

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 35 Ward) 9-6

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME August Goetz

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1709 E. 30th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1- 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0062

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Washington Memorial Date 8/29/36

Forest Hill

19. UNDERTAKER J. M. Goetz & Son

(Address) 1214 E. Fayette St

20. FILED 1-27-1936 Registrar

0062

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1936 to 7-27, 1936

I last saw him alive on 7-27, 1936 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-25-36
Cirrhosis of Liver with ascites	6-17-36
Carcinoma of Common bile duct	Unknown
Other contributory causes of importance:	
Arteriosclerotic Heart Disease	"
Senile arteriosclerosis	"

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F Rainey, M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26044

O.K. Paul Schumber, M.D.

✓ F 26044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3314 Batavia Ave St., 27 Ward) 3

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Amelia Suehle

If U. S. Veteran specify WAR

(a) Residence: No. 3314 Batavia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Charles Suehle

6. DATE OF BIRTH (month, day, year) Feb. 2nd, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Wm. Kaiser

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Frank Bell

(Address) 3314 Batavia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 7/28/1936

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

FILED

L 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1935, to July 25 1936

I last saw her alive on July 25 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Right Hemiplegia	6 yrs
Arteriosclerosis	1931
Other contributory causes of importance:	
Fracture of the neck of left femur	1935

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? 3314 Batavia Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Not Known

Manner of injury Slipped on floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Abrahamson M. D.

(Address) 1613 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Des-Garennes ✓ F 26045

F 26045

HEALTH DEPARTMENT—CITY OF BALTIMORE

95B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Bon Secours Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 20-2 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary T Des Garennes

(a) Residence: No. 2122 W Balto St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	7 6	18 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beautician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henri P. Des-Garennes

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Ida L. Readmond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henri P. Des-Garennes
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Westminster Md Date July 30 1936

19. UNDERTAKER D'Zentard & Son
(Address) Westminster, Md.

20. FILED JUL 23 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-26-36 1936 to 7-28 1936

I last saw her alive on 7-28 1936 Death is said to have occurred on the date stated above, at 4 13 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	1911
Cardiac decompensation	7-27-36

Other contributory causes of importance:

over

Was an operation performed? Yes Date of 7-27-36

For what disease or injury? Uterine Hemorrhage

Name of operation D & C Date of 7-27-36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Henri P Temp M. D.

(Address) Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

26046 ✓ F 26046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 94B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Harrison Carter

(a) Residence: No. 716 Main St., Ward. Columbus, Miss.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~: Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Nell F. Carter

6. DATE OF BIRTH (month, day, year): Aug 5th 1868

7. AGE: Years 67 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lecturer 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: York Rite Masonic Order
10. Date deceased last worked this occupation (month and year): July 1936
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Boonsville Miss

FATHER
13. NAME: Edward C. Carter
14. BIRTHPLACE (city or town) (State or country): Boonsville Miss.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Boonsville Miss

17. INFORMANT: Norman R. Wood
(Address) 708 Wyndhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Columbus Miss. Date: July 28th 1936

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED: July 29 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936 to July 27 1936
I last saw him alive on July 27, 1936 Death is said to have occurred on the date stated above, at 2:53 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1934
Other contributory causes of importance: Arteriosclerosis	1920
Cerebral Hemorrhage	7/27/36

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert H. Ivey M. D.
(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L vs 3

M. D. B 1263-9

✓ F 26047

26047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Councilman

(a) Residence: No. 114 S. Franklintown Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) Jan 4, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0847

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frances

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Posey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Adolphus Emerson (Lazette)

(Address) 2645 Dudley St

18. BURIAL, CREMATION, OR REMOVAL

Place Pres Cathedral Date July 28, 1936

19. UNDERTAKER C. B. Hilbert & Son

(Address) 2211 Eutaw Place

20. FILED JUL 28 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
& Lobular pneumonia	

Other contributory causes of importance:

V. pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Mc Murtrie Coroner M. D.

(Address) 1010 S. Ellwood Ave

JUL 28 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26048

✓ F 26048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Francis St St., 13-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsworth D Johnson If U. S. Veteran specify War No Record

(a) Residence: No. 2508 Francis St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lyna Johnson

6. DATE OF BIRTH (month, day, year) Oct 8th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0615

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Monroe Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Adeline ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clara Frazier

(Address) 2508 Francis St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 29th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED July 29 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chron Valv Heart dis	1929
Apoplexy	7-26-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas Didenhoover M. D. Coroner

(Address) Coroners

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.

F 26049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26049

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 N Calvert St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Elizabeth Louise Krenden

(a) Residence: No. 2203 N Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Krenden

6. DATE OF BIRTH (month, day, year) Sept 10 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David A Garner

14. BIRTHPLACE (city or town) (State or country) Washington Co Md

MOTHER

15. MAIDEN NAME Mary L Stouffer

16. BIRTHPLACE (city or town) (State or country) Washington Co Md

17. INFORMANT Donald A Garner

(Address) 2203 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/28 1936

19. UNDERTAKER Wm Lee Ford

(Address) 1217 E Baltimore St

21. FILED JUL 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23 1936, to July 27 1936

I last saw her alive on July 26 1936. Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Donald A Garner M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 26050

26050 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Harwood Ave St., ... Ward) 27-8

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long if U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James W. Akehurst

(a) Residence: No. 606 Harwood St., ... Ward. .....
(Usual place of abode) 20 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Grace E. Akehurst

6. DATE OF BIRTH (month, day, year) April 18 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner Self 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Henry Akehurst

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Blakeney

16. BIRTHPLACE (city or town) (State or country) Lutztown Pa

17. INFORMANT Grace E. Akehurst
Address 606 Harwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 29 1936

19. UNDERTAKER Williams Bros
(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to July 26 1936

I last saw him alive on July 1936 Death is said to have occurred on the date stated above, at 12 00 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Whedon M. D.

(Address) 4307 York Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26051

Polevski

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S. 7-5 If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Jacob Polevski

(a) Residence: No. 622 High St, Newark, N.J. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora -

6. DATE OF BIRTH (month, day, year) Sept. 24, '86

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
49	50	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Abraham Polevski

14. BIRTHPLACE (city or town) (State or country) Russia -

MOTHER

15. MAIDEN NAME Sirit, Rosen -

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place NEWARK, N.J. Date 7-28- 36

19. UNDERTAKER Jack Lewis Inc (Address) 193 E. Saratoga St.,

20. FILED 19 Registrar

JUL 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 . 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, . 1936 to July 27, . 1936

I last saw him alive on July 27th . 1936 . Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Glioma malignant	11 months

Other contributory causes of importance:

none

Was an operation performed? yes Date of July 27. 1936

For what disease or injury? Craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred D Heil M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

F 26052 ✓ F 26052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Stamford Road St., 28 Ward 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha H. Irving, If U. S. Veteran specify WAR

(a) Residence: No. 616 Stamford Road St., Ward. Mt Vernon N.Y. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William O. Irving.

6. DATE OF BIRTH (month, day, year) August 28. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	30 ? 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Vernon N.Y.

FATHER

13. NAME George H. Behrmann,

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Mary S. Huehn,

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Mrs Florence M. See
(Address) 616 Stamford Road

18. BURIAL, CREMATION, OR REMOVAL JUL 28 1936
Place Woodlawn Cem. N.Y. City. N.Y.

19. UNDERTAKER Robert S. Lodge
(Address) 2700 Edmondson Ave

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to July 27 1936

I last saw her alive on July 27. 1936 Death is said to have occurred on the date stated above, at 8 42 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri 6 mo ago	
Generalized metastasis	
Other contributory causes of importance: cerebral embolism	7/27/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George L. Kemp M. D.

(Address) 3030 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26053

26053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wol-fer-Herb Ward 16-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Mueller MUELLER If U. S. Veteran specify WAR

(a) Residence: No. 761 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 20 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Theodore P.P. MUELLER

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Bess Beek

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Theodore P.P. MUELLER
(Address) 761 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7-28 1936

19. UNDERTAKER Mrs Chas A. G. Rohde
(Address) 2327 Edmondson Ave

20. FILED JUL 23 1936 E. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936 to July 27, 1936

I last saw her alive on July 27 1936 Death is said to have occurred on the date stated above, at 4.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Other contributory causes of importance:	
meleana	7/26/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. P. Heller M. D.

(Address) Md. Gen. Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓F 26054

134

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Inf. St., Ward 27-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Woodrow

(a) Residence: No. 2800 Kentucky Ave St., Baltimore Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie R Woodrow

6. DATE OF BIRTH (month, day, year) March 7 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Louise Smith.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Marie R. Woodrow

(Address) 2800 Kentucky Ave.

18. BURIAL, CREMATION, OR REMOVAL

Emmanuel Crem. 7-30 36

19. UNDERTAKER Mrs Geo A. E. Rohde

(Address) 2327 Edmondson Ave

21. FILED (Date) [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936 to July 27, 1936

I last saw h[illegible] alive on July 27, 1936. Death is said to have occurred on the date stated above, at 4'15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral calculous pyonephrosis	July 2 1936

Other contributory causes of importance: Post operative shock. Toxemia. Anaemia

Name of operation Nephrotomy (Rt) Date of July 27, 36

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Ackerman M. D.

(Address) Church Home & Infir.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26055

F 26055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3435 Poland Ave. Ward) 13-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Stonaker

If U. S. Veteran specify WAR

(a) Residence: No. 3435 Poland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Stonaker

6. DATE OF BIRTH (month, day, year) April 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Stonaker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Stauffer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carroll T. Stonaker

(Address) 3068 Parkrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date July 28, 1936

19. UNDERTAKER Chesapeake Burial Co.

(Address) 1215 Pennsylvania Ave

20. FILED JUL 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936 to July 26, 1936

I last saw him alive on July 26, 1936 Death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senile Myocarditis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Dickenson, M. D.

(Address) 650 W. 36 St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

JUL 23 1936

F 26056 ✓ F 26056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave, St., 20-8 Ward.

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Fanny E. Whitworth

(a) Residence: No. 3330 Gloffer St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David R. Whitworth.

6. DATE OF BIRTH (month, day, year) April 4, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Theodore H. Frazer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Ehrenworth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Amy Devlin

(Address) 3337 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olivet Cem. Date July 29. 1936

19. UNDERTAKER Ehrenworth Bros.

(Address) 3618-17 Edmondson Ave.

20. FILED ..... 19.. [illegible]

28 7-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/23/36. 19.., to 7/26/36. 19..

I last saw h.r alive on July 26. 1936. Death is said to have occurred on the date stated above, at 12 05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic cardio-vascular disease	
Other contributory causes of importance: Cholelithiasis	

Was an operation performed? Yes. Date of 7-23-36

For what disease or injury? Cholelithiasis

Name of operation Cholecystectomy Date of 7-23-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Karl F. Meeh M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9.

Dr. Ham - 9.30

F 26057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26057

186a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General, Ward) 15-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth 23 yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Ida Seidman

(a) Residence: No. 3706 Cottage Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Shelela Fine

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Seidman

(Address) 3706 Cottage

18. BURIAL, CREMATION or REMOVAL Funeral 7/28-36

Place Lehner Cemetery Date 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto St.

20. FILED 19

OCT 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/27 19 36

Where did injury occur? in a home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 3570 Park Heights ave.

Manner of injury Fell down stairs

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hamm M. D. Coroner

(Address) 125 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 26058

F 26058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 14 and 1 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. — mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Breuth

(a) Residence: No. 144 Wilson St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1st 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H Breuth

14. BIRTHPLACE (city or town) (State or country) Bacto Md.

MOTHER

15. MAIDEN NAME Rachel W. Shaw

16. BIRTHPLACE (city or town) (State or country) Bacto Md

17. INFORMANT Mrs. W. Guy Crawthers

(Address) 221 Scottaway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 29 1936

19. UNDERTAKER John Cronin & Sons

(Address) 1900 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/25 1936 to 7/27 1936

I last saw her alive on 7/27 1936 Death is said to have occurred on the date stated above, at 1:03 P m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset ?

Coma

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) W. P. Sellers M. D.

(Address) Woman's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B 1268-9

F 26059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26059

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 N. Lafayette Ave St., ... Ward) 16-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert Jennings

(a) Residence: No. 1230 N. Lafayette Ave, St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Jennings

6. DATE OF BIRTH (month, day, year) Feb. 12, 1914 Feb. 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	3 8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montgomery Ala

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Carrie Jennings

(Address) 1230 N. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Montgomery Alabama Date 7/28, 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED JUL 28 1936 Registrar.

Exd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above, about 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. Kamm M. D.

Coroner

(Address) 215 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26060 ✓ F 26060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 131

Registered No. .....

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Ave. St., Ward) 14 2

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irving Chatman

(a) Residence: No. 2 I D Ct, Phoenix Ct., Ward Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mabel Chatman

6. DATE OF BIRTH (month, day, year) March 19, 866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	4 7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland

FATHER

13. NAME William Chatman

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Mary Edwards

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mabel Chatman

(Address) 2 I D Ct, Phoenix Ct, Balto Co

18. BURIAL, CREMATION, OR REMOVAL Forest Green Md. Balto Co. Date 7/29/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ..... 19 ..... Registrar.

7-29-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15 1936 to 7-26 1936

I last saw h[illegible] alive on 7-26 1936 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia Cardiac Failure	
Cardiac Arrest	
Coronary thrombosis Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Dow Nelson M. D.

(Address) Provident Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Mary Eaton Boy Fine

✓ F 26061

F 26061 HEALTH DEPARTMENT—CITY OF BALTIMORE

209M

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Eaton Boy Fine

(a) Residence: No. 511 Augusta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rags 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Assorter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Paul Fine

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chaia Fine

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sinai Park Date 7/28/36 19

19. UNDERTAKER Jack Schnitzer & Son

(Address) 1439 E. Baltimore St.

FILED 19

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fr. left clavicle	
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 7/5 19 36

Where did injury occur? Augusta & Fayette Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fayette

Manner of injury Hit by Street Car

Nature of Injury Crushing Injs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Orin B. Gallagher M. D.

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

F 26062 ✓ F 26062

HEALTH DEPARTMENT—CITY OF BALTIMORE

82a

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Scott ST WARD) 21-1

2-FULL NAME Laura R. Adams

(a) RESIDENCE NO. 1119 Scott St ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced (or) WIFE of John L. Adams

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Levin Craig

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant (Address) Ada A. Risher 1119 Scott St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27th 36

17 I HEREBY CERTIFY, That I attended deceased from July 25th, 1936, to July 27th, 1936

that I last saw her alive on July 26th, 1936

and that death occurred, on the date stated above, at 12:40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? ?

What test confirmed diagnosis? Usual

(Signed) H. S. Hammer M. D.

July 27, 1936 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL July 29 1936

20 UNDERTAKER Kaufman & Auchincloss ADDRESS 1017 W. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

Burris

F 26063

26063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 Pearl St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peterson Burris

(a) Residence: No. 232 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Burris

6. DATE OF BIRTH (month, day, year) Dec 18, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 70	7	89	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seafood Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Burris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Dowdell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Burris

(Address) 232 Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Millenbrun Cem Date July 30 1936

19. UNDERTAKER M. J. Elliott Daughter

(Address) 1129 Gardner St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5 1936 to July 27 1936

I last saw him alive on July 26 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/6/36

Other contributory causes of importance:

Name of operation Seafood Cocktail Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. William Frey M. D.

(Address) 1922 Pima Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26064 ✓ F 26064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 120

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Clem Clawson

(a) Residence: No. Belair Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 13, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Clawson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Katherine Mohr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Clawson
(Address) Belair, Md

18. BURIAL, CREMATION, OR REMOVAL Date July 29 1936
Place St. Joseph's Patty Hill

19. UNDERTAKER F. X. McComas
Abingdon, Md.

JUL 28 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27 1936 to July 27 1936

I last saw him alive on July 27 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis, Uremia	7/24/36
Other contributory causes of importance: Acute Dehydration, Convulsion	7/26/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Leslie Freeman M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10 21—M&T—1500 Blks.

26065

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26065

CERTIFICATE OF DEATH.

120

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 N. Carey St. ST., 16-1 WARD)

2-FULL NAME Nannie Leary

3a RESIDENCE NO. 709 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col. 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE 48 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John A. Locke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elenden P. Stagg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah A. Gray (Address) 1024 Westwood Ave

15 Filed JUL 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1936

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 26, 1936,

that I last saw h alive on July 26, 1936,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Neph. Exhaustion and Enteric Colitis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Dr.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. H. Magness M. D.

7/27 1936 (Address) 14 E. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Rapt Cemetery Co. DATE OF BURIAL July 29, 36

20 UNDERTAKER Adolphus Hahn ADDRESS 918 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 26066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 hrs. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Farquhar

If U. S. Veteran specify WAR .....

(a) Residence: No. Lakeland Ave., Balto. Co. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 13 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herman Farquhar

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Bertie Bable

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Mad School Date July 28, 1936

19. UNDERTAKER

(Address)

[illegible]

28 1936

2490

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred In industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) South Baltimore Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1316006
26067

✓ F 26067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 17 mos. 7-35 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H Munn

(a) Residence: No. Lakeland St., Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille

6. DATE OF BIRTH (month, day, year) Oct 25 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Citrus Fruit

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Citrus Farm

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME W a. Munn

14. BIRTHPLACE (city or town) (State or country) N J

MOTHER

15. MAIDEN NAME Hannah Nelson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Johns Hopkins Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Milwaukee Wis Date July 28 1936

19. UNDERTAKER Chas F. Friedel & Son

(Address) 115 W. Mt Royal ave

Registrar

L 28 1936

R.P.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11. 1936 to July 28. 1936

I last saw him alive on July 28. 1936 Death is said to have occurred on the date stated above, at 310 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestenal obstruction	July 18
Broncho pneumonia	" 24
Protatic hypertrophy with	" 18
acute Urine retention	" —

Other contributory causes of importance: (Cancer)

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A Boyd Cushman M. D.

(Address) J.H.H.o.b.

OCCUPATION is very important. See instructions on back of certificate.

11829

F 26068 ✓ F 26068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Marshall — If U. S. Veteran specify WAR ...

(a) Residence: No. 2452 McCulloh St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-6-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thorny Marshall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 7-29 1936

19. UNDERTAKER Jos. Geo. E. Kelly
(Address) 1611 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1936 to 7-26, 1936

I last saw her alive on 7-26, 1936. Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-21-36
Bronchopneumonia (primary)	7-22-36

Other contributory causes of importance:

Hypertensive C-V-Disease - Old Cerebral Hemorrhage	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

L 28 1936

M. D. F. 1268-9

26069

F 26069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen Hospital (St.) (Ward) 26-3

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Michel

(a) Residence: No. Sinclair Lane St., 2nd house East of Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 36

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
				17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James F. Michel

14. BIRTHPLACE (city or town) (State or country) Fullerton, Md

MOTHER

15. MAIDEN NAME Gertrude Granbek

16. BIRTHPLACE (city or town) (State or country) Masonville, Anne Arundel, Co. Md

17. INFORMANT Mrs. K. M.

(Address) West Balto Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place J. N. Bird School Date July 28, 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to July 28, 1936

I last saw her alive on July 27, 1936. Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (6 months)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin, M. D.

(Address) W B & H

F 3 State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 28 1936

2493

M. D. B 1268-9

26070

✓ F 26070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X210M

1. PLACE OF DEATH: Maryland General Hospital
CITY OF BALTIMORE: (No.) ..... St., 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Peters Jr

(a) Residence: No. White Hall, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Marion Marshall Peters

6. DATE OF BIRTH (month, day, year) About 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER
13. NAME Thomas Peters
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Esther Brown
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Marion Peters
Address White Hall Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date 7/30, 19 36

19. UNDERTAKER Granville Compte
(Address) Cambridge Md

28 1936 [illegible] RFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	7-24-36
Other contributory causes of importance: Grave Hyp - Bilat	7/21/36

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/21, 19 36
Where did injury occur? Private Property White Hall Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Private Property
Manner of injury First Control Auto & Turned into ditch.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hubert Hurley Coroner, M. D.
(Address) 5142 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

26071 ✓ F 26071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93c

1. PLACE OF DEATH University Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 7 mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Laura Mabel Ford

(a) Residence: No. 118 W. Lanvale St., Ward. Leonardtown Md / Balto., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Jan-30-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	48	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

MOTHER FATHER

13. NAME William F. Ford

14. BIRTHPLACE (city or town) (State or country) St Mary's County Maryland

15. MAIDEN NAME Alice Pembroke

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

17. INFORMANT Mr. P. Bennett Ford (brother)
(Address) 700 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Nicholas Cem. St. Mary's Co. Md. Date 7/29/36

19. UNDERTAKER Stewart & Mowen Company
(Address) 108-14 North Avenue

20. FILED 28 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936 to July 27, 1936
I last saw her alive on July 27, 1936 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Pulmonary oedema	7/27/36
Other contributory causes of importance:	
Operation - Panhysterectomy	over

Was an operation performed? Yes Date of July 20, 1936
For what disease or injury? Uterine fibroid with prolapse of cervix
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Helen J. Maginnis, M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26072

93c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3509 Edmondson Av. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

20-7

If U. S. Veteran specify WAR

2. FULL NAME Joseph H. Bevan

(a) Residence: No. 3509 Edmondson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Lete	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Hebert

6. DATE OF BIRTH (month, day, year) Apr 28 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired. 009

10. Date deceased last worked at this occupation (month and year) May 1930

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

FATHER

13. NAME John W. Bevan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susie Combs.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Georgia Bevan

(Address) 3509 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 29, 1936

19. UNDERTAKER Thos. F. Kenny

(Address) 1600 Hollins St.

FILED JUL 28 1936 Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 1917, to July 26, 1936

I last saw him alive on July 26 1936. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1917

Myocarditis

over

Other contributory causes of importance:

Broncho Pneumonia — July 4.36

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? P.E. - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Bishop, M. D.

(Address) 162-25 a St.

OCCUPATION is very important. See instructions on back of certificate.

F 26073

F 26073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. B-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby boy Foster

(a) Residence: No. 2905 N Charles St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Orton Foster

14. BIRTHPLACE (city or town) (State or country) Providence RI

MOTHER

15. MAIDEN NAME Sally Bowen

16. BIRTHPLACE (city or town) (State or country) Geo Mowes Howard

17. INFORMANT Hospt Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem 7/29 19...

19. UNDERTAKER Lynch & Foster
(Address) Queen & Fayette

28 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 36

22. I HEREBY CERTIFY, That I attended deceased from 7/27/36, 19... to 7/27/36 19...

I last saw him alive on July 27, 1936 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas B Ettaveh M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 26074

26074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME Pius Plunkett (Louis Plunkett)

(a) Residence: No. Monrovia St., Ward Frederick County, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Plunkett

6. DATE OF BIRTH (month, day, year) April 27 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Plunkett

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Louisa Fowler

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT M. E. Peterson, Son (Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Redeemer Md. Date July 30 1936

19. UNDERTAKER Wolf & Brook (Address) 1003 W. Baltimore St

Registered

JUL 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27 1936 to July 27 1936

I last saw h[illegible] alive on July 27 1936 Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	July 25
Pyonephrosis	?
Prostatic Hypertrophy	?
Bennett -	
Other contributory causes of importance Carcinoma of face.	18 mos.

Was an operation performed? Yes. Date of

For what disease or injury? Prostatic Hypertrophy

Excision of carcinoma.

What test confirmed diagnosis? V Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schofield M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26075

26075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Ger. Hosp 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 72 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Soelkey Christian E. Soelkey

If U. S. Veteran specify WAR

(a) Residence: No. 1426 N. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Widowed~~ Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 11, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnace & Stove Repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. William E. Wood Co. 086

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

FATHER

13. NAME Frederick William Soelkey

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Lena Roelkey

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Miss Alice Soelkey
(Address) 1426 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Frederick, Md. Date July 30 1936

19. UNDERTAKER Hoel M. Mook
(Address) 1005 N. Eutaw St.

FILED JUL 28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to July 28, 1936

I last saw h alive on July 28, 1936 Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio-sclerosis	years
Prostatic Hypertrophy	yrs.

Other contributory causes of importance:

Hypostatic pneumonia (Con)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp

OCCUPATION is very important. See instructions on back of certificate.

Vs 3

7 28 1936

Spec.—1-12-23—M&T—500 Blks.

F 26076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26076

159

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N Whitelock ST., WARD) 13-3

2-FULL NAME Elizabeth Torney

(a) RESIDENCE NO. 1119 N Whitelock ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced: (write the word) Infant

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): June 15-36

7 AGE: Years ..... Months ..... Days 11 ..... If LESS than 1 day, hrs or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Torney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Edith Blackston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

11 Informant Edith Torney
(Address)

Date JUL 28 1936 Registrar

2489

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26- 1936

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to June 26-, 1936, that I last saw h[illegible] alive on June 25, 1936, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Pneumonia Bronchial
Edema

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. J. Colman, M. D.

1936 (Address) 235 N Caroline

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. School — DATE OF BURIAL: July 27 19 36

UNDERTAKER — ADDRESS

SECTION is very important. See instructions on back of certificates.

M. D. F. 1268-9

26077

✓ F 26077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 26-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Armstrong Saxon

(a) Residence: No. 1811 S St NW St., ... Ward. Washington D C
(Usual place of abode). (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Saxon

6. DATE OF BIRTH (month, day, year) 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25 ?	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anderson S C

FATHER

13. NAME Sam Armstrong

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Belle Cureton

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mrs Lillian Jackson

(Address) 1321 S Carrollton Ave Wash DC

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D C Date 7/31 1936

19. UNDERTAKER Grace Funeral Home Inc

(Address) 1732 14th St NW Washington D C

20. FILED ... Registrar

AUG 28 1936

R. R N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mercuric Chloride Poisoning	July 27 1936
Other contributory causes of Importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Gastric Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury July 27 1936

Where did injury occur? 1621 Pennsylvania Ave Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Swallowed Bichloride Hg Tablets -

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James J. Phelan M. D.
Coroner

(Address) 50 Courthouse

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1928 F 26078 ✓ F 26078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 527 E 21st St., 9-8 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J Shea

(a) Residence: No. 527 E. 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 2-15-64

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Daniel Shea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Ward

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos. Shea
(Address) 527 E 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 29 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936 to July 26, 1936

I last saw him alive on July 26, 1936 Death is said to have occurred on the date stated above, at 7.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	July 12
Myocarditis	June 16
	over
Other contributory causes of importance:	
Old Encephalitis	1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J Hale M. D.

(Address) 532 E 22nd St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26079

F 26079 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospt (St.) ..... Ward) 12-7

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph A. Smallwood

(a) Residence: No. 2727 Huntingdon St. Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar. 7/1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4.	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0043

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Smallwood.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha M. Lambert

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Martha M. Redman 2727 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cem. Date 7/29 1936

19. UNDERTAKER Walter Davis (Address) 3418 Eastern Ave.

20. FILED JUL 29 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 3rd Cervical Vertebra	7/26/36

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 7/26 1936

Where did injury occur? Rear 2103 Huntingdon
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In an alley

Manner of injury Struck in fist fight

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. W. Diedrichsen M. D. Coroner

(Address) Coroners

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26080

26080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marjorie Hall

(a) Residence: No. 620 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rose Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Helen Smith
(Address) 620 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cem Date 7-29- 1936

19. UNDERTAKER Belmont Funeral Dirs Wright
(Address) 1218 Mc Elderry St

20. FILED 19 Registrar

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936 to July 27, 1936

I last saw h.er alive on July 27, 1936 Death is said to have occurred on the date stated above, at 3:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Encephalitis	7-16-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Gelman M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

VS 3

26081 F 26081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 16-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Robert Waidner
If U. S. Veteran specify WAR

(a) Residence: No. 2507 Harlem Ave, St., Ward. Baltimore, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ D. Louise Waidner

6. DATE OF BIRTH (month, day, year) July 9th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Live Stock 0045

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 35-

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis A. Waidner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie M. Gruetter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT D. Louise Waidner
(Address) 2507 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 30th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible]

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936 to July 28, 1936
I last saw him alive on July 28, 1936 Death is said to have occurred on the date stated above, at 3:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration Interval between onset and death
Angina Pectoris	7-28-36
Complete Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Robert J. Oliver M. D.
(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

✓ F 26082

HEALTH DEPARTMENT—CITY OF BALTIMORE

26082

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Gertrude Goldberg

(a) Residence: No. 13 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Baer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Meyer Goldberg
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 7/29/36 19

19. UNDERTAKER Jack Levin Sons
(Address) 1439 E. Baltimore St.

20. [illegible] Washington Blvd

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to July 28, 1936

I last saw her alive on July 28, 1936. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Broncho-pneumonia	
Diabetes mellitus	
Hypertension	

Other contributory causes of importance:

Senility	
Chronic nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel Regan M. D.

(Address) Sinai Hospital

OCCUPATION IS very important. See instructions on back of certificate.

F 26083 ✓ F 26083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Sinai Hospt. St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Schmuckler

(a) Residence: No. 1701 Moreland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... m'n.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bus.

10. Date deceased last worked at this occupation (month and year) 0045

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hirsch Schmuckler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Eva Schmuckler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 7/29/36

19. UNDERTAKER Jas. Lyons Inc.
(Address) 1439 E. Balto. St.

20. FILED 19 ..... Registrar

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to July 28, 1936

I last saw him alive on July 28, 1936. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Atherosclerosis	
Chronic nephritis	
Uremia	

Other contributory causes of importance:

Cardiac hypertrophy, dilatation
Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Paul A. Spear, M. D.

(Address) Sinai Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

✓ F 26084

F 26084 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Patapsco St., 23-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick L. Viehmeyer

(a) Residence: No. 1433 Patapsco St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Viehmeyer

6. DATE OF BIRTH (month, day, year) Aug 20, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6019

10. Date deceased last worked at this occupation (month and year) 15

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frederick L. Viehmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Schramm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George F. Viehmeyer
(Address) 1433 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Pk Date July 30 1936

19. UNDERTAKER A. Howard Evans
(Address) 1400 Edmondson Ave

20. FILED ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 28, 1936. Last saw alive on June 28, 1936. Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	
Other contributory causes of importance: Arteriosclerosis. Dyspepsia.	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John G. Schmeisser M. D.

(Address) 1337 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 26085

F 26085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearre Frank E.

(a) Residence: No. Glenburnie St., 203 FIRST. St, So. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs. Nellie Pearre

6. DATE OF BIRTH (month, day, year) Jan 12 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Sams Creek

FATHER

13. Oliver H. Pearre

14. BIRTHPLACE (city or town) (State or country) Maryland Frederick Co

MOTHER

15. MAIDEN NAME Mary Clemson

16. BIRTHPLACE (city or town) (State or country) Maryland Frederick Co

17. INFORMANT Mrs Nellie Wantz Pearre

(Address) 203 First St. So. Glenburnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cemetery Date July 29 '36

19. UNDERTAKER John F. Dewey

(Address) 715 Light St

Huntington Williamson

L 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/36 19

22. I HEREBY CERTIFY, That I attended deceased from 7/23/36, 19 to 7/27/36, 19

I last saw h[illegible] alive on 7/27/36, 19 Death is said to have occurred on the date stated above, at 6:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Para rectal abscess	7/15/36
Bronchopneumonia	7/26/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H C Hall M.D. M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

F 26086

F. D. F 26086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Arundel Cove, Curtis Bay. Ward) 22-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. / ---mos. --ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Aaron Rhodes.(c)

(a) Residence: No. 11 W. York St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of XXXXXXXXXXXX Irene Rhodes(c)

6. DATE OF BIRTH (month, day, year) May 11,1895

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
41	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Irene Rhodes(c)wife.
(Address) 11 W.York St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/30/36 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 428 N Montgomery St

20. FILED ..... 19 Huntington Williams 7/29/36
Registrar.

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/26/36

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

7/29/36 Address 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V86

F 26087 ✓ U 14576 F 26087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Tuberculosis Division Baltimore City Hospitals 16 3 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Jackson

(a) Residence: No. 1619 Lanvale St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 12, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
23 24	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Albert Jackson.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 7/29/36 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

L 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to July 27, 1936. I last saw him alive on July 27, 1936. Death is said to have occurred on the date stated above, at 2:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lew H. Feldman M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 26088 ✓ F 26088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Knapp

If U. S. Veteran specify WAR

(a) Residence: No. 28 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Cushing

6. DATE OF BIRTH (month, day, year) Oct 23 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Savage Md

FATHER

13. NAME Joseph Knapp

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabel McGoughan

16. BIRTHPLACE (city or town) (State or country) Mt Savage Md

17. INFORMANT Chas H. Knapp Jr

(Address) 28 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 30 1936

19. UNDERTAKER Henry W. Kirkus Bro

(Address) Mt Calvert & Eutaw

29 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5 1936 to July 27 1936

I last saw h[illegible] alive on July 27 1936 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
1	Hypertension	June 5/36
2	Arteriosclerotic Heart Disease	June 5/36
3	Arteriosclerosis, general	June 5/36
4	[redacted]	[redacted]

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harold N. Hoge M.D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 26089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26089

100

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home + Inf. 6-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Thamert.

(a) Residence: No. 157 N. Hall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Amelia Thamert.

6. DATE OF BIRTH (month, day, year) Nov. 8, 1882.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Thamert.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Fredia Williams.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Amelia Thamert
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 31, 1936

19. UNDERTAKER John Ulrich
(Address) 1000 Washington Blvd

20. FILED JUL 29 1936 Washington Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to July 27, 1936

I last saw him alive on July 27, 1936. Death is said to have occurred on the date stated above, at 7:35 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolis.	
Other contributory causes of importance:	
Bilateral Sphenous phlebitis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John J. Rogers, M. D.

(Address) Church Home + Inf.

M. D. B. 1268-9

F 26090

F 26090 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N Ostend St., 21 ~~2~~ Ward)

Length of residence in city or town where death occurred 85 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara E. Croggon

(a) Residence: No. 1105 N. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of the late Hunter F. Croggon

6. DATE OF BIRTH (month, day, year) Aug 4th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Ottman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Hunter F. Croggon
(Address) 1105 N Ostend St

18. BURIAL, CREMATION, OR REMOVAL
Place Friedens Cem Date 7/30/ 1936

19. UNDERTAKER John J. Conway & Son
(Address) 901 Hollins St

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to July 28 1936.
I last saw h[illegible] alive on 7/26 1936. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	Ac
Other contributory causes of importance: Cardio-Vascular Renal Disease	3 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Joseph G. Faulkner M. D.

(Address) 6 W Washington Blvd

V 5 3

Start CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

26091

HEALTH DEPARTMENT—CITY OF BALTIMORE

26091

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Hollins St. St., 10-3 Ward)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H. Hurley

(a) Residence: No. 1933 Hollins St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lida A. Hurley

6. DATE OF BIRTH (month, day, year) May 3, 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofing & Tinning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business 0084

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 25yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Lida A. Hurley

(Address) 1933 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date July 30, 1936

19. UNDERTAKER R F C & B M Walters

(Address) Pratt & Stricker Sts

JUL 29 1936 Baltimore Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to July 27 1936

I last saw him alive on July 27 Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	7/36
Other contributory causes of importance: Hypertension	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Cook M. D.

(Address) 2145 N Bolton

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

F 26092 F 26092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

147

Registered No. 15135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 162 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Loc[illegible]

If U. S. Veteran specify WAR

(a) Residence: No. 634 N/ Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gerald Loc[illegible]

6. DATE OF BIRTH (month, day, year) 8/12/1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Finney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Betty Ames

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/1 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St. Huntington Ave, Md

[illegible] Registrar

UL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 1936 to July 28 1936

I last saw h[illegible] alive on July 28 1936 Death is said to have occurred on the date stated above, at 5:41A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperemesis Gravidarum (?) (Toxic Vomiting)	7/27/36
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-27-36

For what disease or injury? Toxic Vomiting of Pregnancy

Name of operation Therapeutic Abortion Date of 7/27/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Catherine Waller M. D.

(Address) Baltimore City Hospital

OCCUPATION IS VERY Important. See instructions on back of certificate.

F 26093

F 26093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 N. Carey St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Priscilla Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1706 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Stephen Smith

6. DATE OF BIRTH (month, day, year) Feb. 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Addison Couplin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME — Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elsie Ruff

(Address) 1706 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/29, 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED ..... 19 ..... Huntington, Indiana

Registrar.

JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~January 15th~~ 36 to July 26, 1936

I last saw her alive on July 22 1936. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
(a) Cerebral hemorrhage.	
(b)	
(c)	
(d)	

Other contributory causes of importance: Pneumonia, Tuberculosis

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) K. Lee Stubb, M. D.

(Address) 72 [illegible]

F 26094 ✓ F 26094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 24-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.
If U. S. Veteran specify WAR .....

2. FULL NAME B. Girl Gubert

(a) Residence: No. 1845 Covington St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-24-36

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or 34 min.
~~1 hour~~				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lawrence

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Gladys Dixon

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER Baltimore City Hospital
(Address) 1 0 0

20. FILED JUL 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936 to July 24, 1936
I last saw her alive on July 24, 1936 Death is said to have occurred on the date stated above, at 8:12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Defective Lung Closure	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. E. Kadar, M. D.
(Address) Balto City Hospitals

26095 F 26095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-11 151

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Carnes

(a) Residence: No. 3129 Foster Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE of~~) Leonard Carnes.

6. DATE OF BIRTH (month, day, year) Oct. 9-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John H. Schluter

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Amelia Baumgardner

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Leonard E. Carnes
(Address) 3129 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mouland Mem. Park Date Aug. 1 1936

19. UNDERTAKER George W. Sirkler
(Address) 1737 E. Eager St

29 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24 1936 to July 28 1936

I last saw her alive on July 28 1936 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Right Groin	7/14
Staphylococcic Septicaemia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Gorgon Abdullah M. D.
(Address) University Hosp.

F 26096

26096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 536

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward) 4-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ilene Bitlinger

(a) Residence: No. Hagerstown Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James F. Bitlinger

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Cornelius Bowser

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Lonsdale Longnecker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James F Bitlinger

(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date 7/29 1936

19. UNDERTAKER A K Coffman

(Address) Hagerstown Md

20. FILED ..... 19 ..... Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25 1936 to 7/29 1936

last saw h.er alive on July 29 1936 Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Brain Tumor 5/2/36

(Over)

Other contributory causes of importance:

Medullary Failure 7/28/36

Was an operation performed? Yes Date of 7/28/36

For what disease or injury? Brain Tumor

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Warren M.D.

(Address) Univ. Hospital

M. D. P. 1268-9

26097

For Hubbell 2220 Garrison Blvd

F 26097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5232 Reisterstown Rd St., Ward) 28-1

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Martha E. Stansbury

(a) Residence: No. 5232 Reisterstown Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8/1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Oliver A. Stansbury

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Isabella Hare

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Bertie Sipes

(Address) 5232 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 31 36

19. UNDERTAKER Franklin W. Seitz

(Address) 814 N. Eutaw St

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12/36 to July 28/36

I last saw her alive on July 27 36 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage from lungs. July 12 36

Other contributory causes of importance: Pulmonary Tuberculosis Do not know

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 36

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E. Hubbell M. D.

(Address) 2220 Garrison Blvd

26098

F 26098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. 12-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2644 N Calvert St., 12 Ward)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth 64 yrs. 7 mos. 3 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Edmund Charles Steyer

(a) Residence: No. 2644 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Marcellina Steyer

6. DATE OF BIRTH (month, day, year): Dec 25-1871

7. AGE: Years 64 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vice Pres-B-V-D Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ink 1086

10. Date deceased last worked at this occupation (month and year): July-1936

11. Total time (years) spent in this occupation: 46 years

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Marlin Steyer

14. BIRTHPLACE (city or town) (State or country): near Sunbury Penna

MOTHER

15. MAIDEN NAME: Sarah Owen

16. BIRTHPLACE (city or town) (State or country): near Sunbury Penna

17. INFORMANT (Address): Robt E Steyer-Son 2644 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: July 30 19 36

19. UNDERTAKER (Address): Howard McKenzie Co 101 W North Ave.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2 1936 to July 28 1936

I last saw him alive on July 28 1936 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. (due to Cirrhosis-Sclerosis) exposing complete Left-Hemiplegia

Date of onset

Other contributory causes of importance:

None

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jefferies Buck M. D.

(Address) 5 Club Rd

7/29/36

✓ F 26099

26099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

28-4

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Winans Way, Hunting Ridge Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Minnie Woehler Smith

(a) Residence: No. 803 Winans Way, Hunting Ridge Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick C. Smith

6. DATE OF BIRTH (month, day, year) Sept. 6, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Weinberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Elliott (Sister)

(Address) 803 Winans Way.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 30, 1936

19. UNDERTAKER Harry F. Whitlow

(Address) 4101 Edmondson Ave.

(Filed) JUL 29 1936 Hampton Williamson ATR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1936 to 7-27, 1936

I last saw her alive on 7-27, 1936. Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF BREAST	1934?

Other contributory causes of importance:

Was an operation performed? Yes Date of FEB. 1936

For what disease or injury? CARCINOMA OF BREAST

Name of operation MASTECTOMY Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1129 St Paul St

F 26100 ✓ F 26100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Ailsa Ave St., 27-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert P. Meyers

If U. S. Veteran specify WAR .....

(a) Residence: No. 2601 Ailsa Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Meyers.

6. DATE OF BIRTH (month, day, year) May 29, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired Grocery man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08-24

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles F. Meyers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine B. Hirsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna B. Meyers

(Address) 2601 Ailsa Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 30, 1936

19. UNDERTAKER Jno. Jno. John W. Teufel & Son

(Address) 801 W. Lafayette Ave

Registrar

FILED ..... 19 .....

L 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to July 28, 1936

I last saw him alive on July 27, 1936. (Death is said to have occurred on the date stated above, at 7.50a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Arterio Sclerosis
Cerebral

Was an operation performed? — Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Earl Irving, M. D.

(Address) 4706 Reisterstown Road

F 26101

F 26345
F 26101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Lilly

(a) Residence: No. Roanoke Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of	—
6. DATE OF BIRTH (month, day, year)	11/27/85

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	037
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Va

FATHER

13. NAME	Will McMann
14. BIRTHPLACE (city or town) (State or country)	Va

MOTHER

15. MAIDEN NAME	Jane Farley
16. BIRTHPLACE (city or town) (State or country)	W Va

17. INFORMANT (Address)	Records JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL Place	Hinton W. Va. Date July 29, 36
19. UNDERTAKER (Address)	John O. Mitchell & Sons 1900 Eutaw Place
20. FILED	July 29 1936 [illegible] R. B. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to July 29, 1936

I last saw her alive on July 29, 1936. Death is said to have occurred on the date stated above, at 5:55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease (arteriosclerosis) with myocardial failure	1932
Other contributory causes of importance: Vascular nephritis - Chronic	1932

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James H. Hurlard, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26102

~~25579~~ ~~25102~~

X 114B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~1~~ ~~E~~ ~~Sh~~ St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C Shelton

(a) Residence: No. 1910 Fairmount Road St., ... Ward. Raleigh N. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 7/8/79

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del.

FATHER

13. NAME John H. Shelton

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Mary Bethards

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Raleigh N.C. Date July 29 1936

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Oliver St

20. FILED 29 1936 ~~[illegible]~~ apH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to July 29 1936

I last saw him alive on July 29 1936. Death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess, Right Lung	June 1936
Other contributory causes of importance:	over

Was an operation performed? yes Date of July 10, 1936

For what disease or injury? Lung Abscess

What test confirmed diagnosis? X Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph A Abercrombie M. D.
(Address) Johns Hopkins Hospital

M. H. R. 1268-9

26103

HEALTH DEPARTMENT—CITY OF BALTIMORE

26103

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Mt. Holly St. 16-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Kelly

(a) Residence: No. 627 Mt. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie E. McCarthy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jerome L. Kelly
(Address) 410 Mt. Holly Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/30/36

19. UNDERTAKER Wm A Cole
(Address) 11 W Fayette St

Filed JUL 29 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to July 28, 1936

I last saw her alive on July 27, 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1936
Other contributory causes of importance:	
Paralysis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A. Lonnet M. D.

(Address) 2 W. Read St

26104 F 26104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 Southern ave St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 44 yrs. ..... mos. ..... ds.

2. FULL NAME Henry Luersaen

(a) Residence: No. 3919 Southern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~WIFE of~~ HUSBAND of Marie Luersaen

6. DATE OF BIRTH (month, day, year) Oct 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage 8086

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation 16 yr.

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Adolph Luersaen

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Marie Fieker

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Luersaen
(Address) 3919 Southern ave

18. BURIAL, CREMATION, OR REMOVAL Emanuel Cemetery July 30th 1936

19. UNDERTAKER Frederick Sherbert Sons
(Address) 7401 Belair Road

20. FILED ..... Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to July 27, 1936. Death is said I last saw him alive on July 27, 1936 to have occurred on the date stated above, at 10.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	1931
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? no Date of .....

For what disease or injury? none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lehmann, M. D.

(Address) 4915 Belair Rd.

26105 ✓ F 26105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., Ward) 7-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Walker

If U. S. Veteran specify WAR

(a) Residence: No. Della Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Harriett N Walker

6. DATE OF BIRTH (month, day, year) 6-30-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cotton mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0046

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John W Walker

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Martha Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Harriett N Walker
(Address) Della Md

18. BURIAL, CREMATION, OR REMOVAL

Place Savage Date 8-1 19 36

19. UNDERTAKER F. C. Higginbotton & Sons
(Address) Elkcott City Md

Huntington Hillsboro

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10 1936 to July 29 1936

I last saw him alive on July 29 1936. Death is said to have occurred on the date stated above, at 9.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerative colitis	
Malnutrition	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Carl P. Logan M. D.

(Address) Sinai Hospital

MFN

26106 ✓ F 26106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward) 431

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Evelyn Miller

If U. S. Veteran specify WAR

(a) Residence: No. Harford Rd. Parkville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Miller

6. DATE OF BIRTH (month, day, year) Sept 20 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt City

FATHER

13. NAME Charles H. Townsend

14. BIRTHPLACE (city or town) (State or country) Balt.

MOTHER

15. MAIDEN NAME Arabella Ware

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 31 1936

19. UNDERTAKER Fred. Lebherz Son

(Address) 7701 Belair Rd.

20. FILED Harrington Williams Registrar.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29/36

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936 to July 29, 1936

I last saw her alive on July 29, 1936 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of face & neck.	July 24 1936

Other contributory causes of importance:

Cerebral Embolism -	July 24 1936
Edema of Glottis? -	September

Was an operation performed? Yes Date of July 26 & 29

For what disease or injury? Cellulitis of face & neck.

Name of operation Incision & Drainage Date of July 26

What test confirmed diagnosis? Emergency Tracheotomy Was there an autopsy? July 29 No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Zurawin M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

F 26107 ✓ F 26107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4839 Park Heights Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 27-17 yrs. mos. ds.

2. FULL NAME Henry Frieschmann

(a) Residence: No. 4839 Park Heights St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheelwright

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2007

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Frieschmann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie Bishman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Charles Frieschmann

(Address) 4839 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olive Cem. Date July 30 1936

19. UNDERTAKER C. Vernon Semmon

(Address) 4611 Park Heights Ave.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936, to July 28, 1936

I last saw h[illegible] alive on July 27, 1936 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Plegia	July 26
(Coma)	

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles L. Wells, M. D.

(Address) 3216 Park Heights Ave.

M. D. B 1263-9

F 26108

F 26108 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Kelly

If U. S. Veteran specify WAR

(a) Residence: No. 1155 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Kelly (Peter)

6. DATE OF BIRTH (month, day, year): Nov 2 1870

7. AGE: Years 65; Months 8; Days 27; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife 0097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: John Aldrich

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. Katherine Ramsey

(Address) 3035 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 30 1936

19. UNDERTAKER: C. Vernon Shannon

(Address) 611 Park Heights Ave

20. FILED: July 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	

Other contributory causes of importance:

Hypostatic pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 16 19 36

Where did injury occur? Balto md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury slipped on kitchen floor

Nature of injury Fract of hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright M. D.
Coroner

(Address) 1015 S. Edmondson Ave.

26109 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26109

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S.Marine Hospital, Baltimore, Md. Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John McCready War Service None

(a) Residence: No. Tangier, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B.Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0086

10. Date deceased last worked at this occupation (month and year) 4-15-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tangier Virginia

FATHER

13. NAME Harvey McCready

14. BIRTHPLACE (city or town) (State or country) Tangier Va.

MOTHER

15. MAIDEN NAME Saide Dise

16. BIRTHPLACE (city or town) (State or country) Tangier Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Tangier Va Date July 29, 1936

19. UNDERTAKER John Bradshaw
(Address) Crisfield, Md.

20. FILED ..... 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 29, 1936

I last saw him alive on July 29, 1936 Death is said to have occurred on the date stated above, at 9:58A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteosarcoma of left femur with metastases to lung	April 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) K K Bryant, M. D.
(Address) U.S. Marine Hospital

F 26110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26110

CERTIFICATE OF DEATH

46B

Registered No. .....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick a Coppersmith

(a) Residence: No. ..... St., ... Ward. Hampstead, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (a) Husband of Wife Thomas Coppersmith

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Fredrick Ackes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Eramer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Rosaley Coppersmith
(Address) Hampstead, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hampstead Md Date 8-1 1936

19. UNDERTAKER Jacob Wink's Sons
(Address) Manchester, Md
Huntington Williams, Registrar.

JUL 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Wed. 7/29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16 1936 to July 29 1936

I last saw her alive on July 29 1936 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Duodenum	1933
Gastric Fistula	1936

Other contributory causes of importance:
Infection of Gr. Field.

Was an operation performed? Yes Date of 7/15/36

For what disease or injury? Ca of Duodenum and Gastric Fistula

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. E. Hargis M. D.
(Address) University Hospital

26111 ✓ E 26111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., Ward) 27-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Henry DuBose

WAR: W.W.

(a) Residence: No. 513 Rossiter Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen St. Clair

6. DATE OF BIRTH (month, day, year): February 15, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1066

10. Date deceased last worked at this occupation (month and year): June 15, 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington Georgia

FATHER

13. NAME: Willy Duncan DuBose

14. BIRTHPLACE (city or town) (State or country): Washington Georgia

MOTHER

15. MAIDEN NAME: Nancy Wiley

16. BIRTHPLACE (city or town) (State or country): Washington Georgia

17. INFORMANT (Address): Records, U.S.Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 31st 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul st

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936 to July 28, 1936

I last saw him alive on July 28, 1936. Death is said to have occurred on the date stated above, at 8:25P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardiorenal	
vascular	1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clin. findgs. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) K K Bryant M. D.

(Address) U.S.Marine Hospital, Balto. Md.

M. D. H 1268-9

F 26112

F 26112 HEALTH DEPARTMENT—CITY OF BALTIMORE

183

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor of Point Breeze St., 12-5 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas J. Lamont Jr. If U. S. Vet. specify WAR No Record

(a) Residence: No. ~~Bal.~~ 327 E. North Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 28 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. Cornelius Bull Line

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas J. Lamont

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Alice T. Browne

16. BIRTHPLACE (city or town) (State or country) Balt Md.

17. INFORMANT Mrs. Alice Lamont
(Address) 327 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 30th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 26 1936

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto Harbor off Point Breeze while

Manner of injury Swimming off S.S. Cornelius

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

26113 E 26113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 n Durham St., 6-4 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Markel

(a) Residence: No. 237 n Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecil Markel

6. DATE OF BIRTH (month, day, year): July 25-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert County Md

FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Owen Markel

(Address) 237 N Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Churchton Md Date 7-30 1936

19. UNDERTAKER Bryon & Jamie W. Wright

(Address) 1218 Inc & Eldersley St

20. FILED Huntington Williams M.D.

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936 to July 28, 1936

I last saw h[illegible] alive on July 28, 1936 Death is said to have occurred on the date stated above, at 6:15 a m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset July 12 1936

Other contributory causes of importance:

voided

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen M. D.

(Address) 55 S Arlington Ave

316534

F 26114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26114

CERTIFICATE OF DEATH

117a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-4 St., ada Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Francis

(a) Residence: No. 921 Rutland ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 3/6/97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Francis

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Maggie Boyd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 31 1936

19. UNDERTAKER Bro R. A. Clelland & Knights

(Address) 1122 N Carrollton Ave

Huntington Williamson

20. FILED JUL 30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to July 26, 1936

I last saw him alive on July 26, 1936. Death is said to have occurred on the date stated above, at 6.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(over)	
Broncho pneumonia July 24th	7-27-36
Other contributory causes of importance: Ulcer - onset 1920	1920
Hematemesis - July 24th 1936	7-24-36

Was an operation performed? none Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) James H. Lemmon M.D.

(Address) Johns Hopkins Hospital.

✓ F 26115

F 26115 HEALTH DEPARTMENT—CITY OF BALTIMORE

97

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 S Charles St., 23-1 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Oliver Wentworth

(a) Residence: No. 1236 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Wentworth

6. DATE OF BIRTH (month, day, year) Oct 6-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Packer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas J Wentworth

14. BIRTHPLACE (city or town) (State or country) New Marlex N. H.

MOTHER

15. MAIDEN NAME E. Amy Hobb

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter J Wentworth
(Address) 119 W Hamburg

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date July 30 1936

19. UNDERTAKER Wm Pickerstone
(Address) 1644 Hanover St

JUL 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8 1936 to July 28 1936

I last saw him alive on July 28 1936. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arterio Sclerosis Endoc.	
Other contributory causes of importance:	
Ophthalmia	3 days

Was an operation performed? No Date of —

For what disease or injury?

Name of operation NONE Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

7/28/36 (Signed) W. C. K. Campbell M.D.
(Address) 1644 Hanover St

F 26116 ✓ F 26116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 E. 41 st. St. St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louise Cooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 E. 41st St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. Cooper

6. DATE OF BIRTH (month, day, year) Oct. 22 1850

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Louis Eugene Foliot

14. BIRTHPLACE (city or town) Paris (State or country) France

MOTHER

15. MAIDEN NAME Unknown Brown

16. BIRTHPLACE (city or town) New Jersey (State or country)

17. INFORMANT Mrs. Helen C. Wilson

(Address) 816 E. 41st Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 30 36

19. UNDERTAKER William J. Tickner & Sons

(Address) North & Pennsylvania Aves

20. FILED JUL 30 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to July 28 1936

I last saw h[illegible] alive on July 26 1936 Death is said to have occurred on the date stated above, at 7 41 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W. Wheaton M. D.

(Address) 4309 York Rd

M. D. R. 1369

26117 ✓ F 26117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH 2906 Grindon Ave

CITY OF BALTIMORE: (No. ..... St., 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry George Hille

(a) Residence: No. 2906 Grindon Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Katherine Hille

6. DATE OF BIRTH (month, day, year) Feb. 8, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Retired~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Hille

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Sachs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Metz

(Address) 2920 Grindon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date JUL 31 1936 19

19. UNDERTAKER Leon Little

(Address) 2700 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

30 1936 Health Commissioner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1936 to 7-29, 1936

I last saw h~~im~~ alive on 7-27-, 1936 Death is said to have occurred on the date stated above, at 7:15 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1936
Other contributory causes of importance:	
Bronchopneumonia	7-22-36

Name of operation No Clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way ~~related~~ to occupation of deceased? No If so, specify .....

(Signed) C. W. Page M. D.

(Address) 7506 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

26118

✓ F 26118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1-5

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 244 S. Collington Avenue Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walerja Ustaszewska

If U. S. Veteran specify WAR .....

(a) Residence: No. 244 S. Collinton Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ustaszewski

6. DATE OF BIRTH (month, day, year) March 16, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jan Jakubiak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Ustaszewski, Husb.
(Address) 244 S. Collington Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date 8/1/36 19

19. UNDERTAKER [illegible]
(Address) 401 S. Chester Street

20. FILED ..... 19 .....

30 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1936 to July 28 1936

I last saw her alive on May 26 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance	
Myocardial Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Leo F. Kulacke M. D.

(Address) 1265 E. Patterson Pk Ave

26119 ✓ F 26119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1511 Rutland St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Norwood Kate Hoffman Norwood ☐ U. S. Veteran (Specify WAR)

(a) Residence: No. 1511 Rutland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John C. Norwood

6. DATE OF BIRTH (month, day, year) Feb 6th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Cook~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Braun

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Anna Scheeler
(Address) 1511 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date July 31st 1936

19. UNDERTAKER Geo Schilling & Son
(Address) Monument Sq Aisquith St

Filed JUL 30 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29/36

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to July 29, 1936

I last saw h alive on July 29, 1936. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Chronic nephritis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benjamin B. Moore, M. D.
(Address) Sinai Hospital

F 26120

F 26120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Wallace

(a) Residence: No. 624 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Singleton Wallace

6. DATE OF BIRTH (month, day, year) Jan. 10. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Janitor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME Jas. F. Wallace

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eleanore Calden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Nellie Vermillion 712 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug. 1 1936

19. UNDERTAKER (Address) Margaret E. Flynn 1422 Light St.

20. FILED 19 Registrar

AUG 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-20-36 19 to 7-29-36 19 I last saw him alive on 7-27-36 19 Death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Cachexia post op.	
Other contributory causes of importance: Myocardial failure	

Was an operation performed? Yes Date of 7-22-36

For what disease or injury? Intestinal Obst

Name of operation Resection Colon Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. P. Shipley M. D.

(Address) Md. Gen. Hosp.

F 26121 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26121

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4145 Falls Road St., 13-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes Kerr

If U. S. Veteran specify WAR

(a) Residence: No. 4145 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin F. Kerr

6. DATE OF BIRTH (month, day, year): Dec. 23-1866

7. AGE: Years 69 | Months 7 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

FATHER

13. NAME: Wesley Hayes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rebecca Carter

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Benjamin F. Kerr 4145 Falls Road

18. BURIAL, CREMATION, OR REMOVAL Place: Woodlawn Date: July 31- 1936

19. UNDERTAKER (Address): Horace E. Burgee 3631 Falls Road

20. [illegible] to Baltimore, Md.

JUL 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936. to July 28, 1936

I last saw her alive on July 28, 1936 Death is said to have occurred on the date stated above, at 8-15 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation

Acute Abdominal Hemorrhage.

Date of onset: July 27/15/36

over

Other contributory causes of importance:

Arteriosclerosis, Myocarditis

Hypertension.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hunckel, M. D.

(Address) 4037 Falls Road

F 26122

✓ F 26122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 710 S. Wolge St. St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J. Tully. (Tuliszewski)

If U. S. Veteran specify WAR

(a) Residence: No. 710 S. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harber. Pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Tuliszewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary. Bandoch

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Edward Tuliszewski (Bro)

(Address) 623. S. Wilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Aug. 1 . 1936

19. UNDERTAKER Tully & Zeilerbach

(Address) 402 S. Wolfe St.

20. FILED . 19 Registrar.

AU 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 . 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 . 1936 to July 26 . 1936

I last saw h... alive on July 26 . 1936 Death is said to have occurred on the date stated above, at 9/45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Arteriosclerosis? Chronic?	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo J. Kulacke M. D.

(Address) 826 S. Patterson Park Ave

F 26123 ✓ F 26123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 15-9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2220 Lyndhurst Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Wm O Spenkeman

(a) Residence: No. 3819 Clifton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24/1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Levi Spenkeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Seed

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ferdinand O Spenkeman
(Address) 3819 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem. Date July 31/1936

19. UNDERTAKER Abraham Bell
(Address) 2432 Eastern Ave

FILED JUL 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-10 1934 to July-29 1936

I last saw ~~died~~ alive on July 27 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis with Kidney involvement. Hyper tension - and gradual cardiac ~~failure~~ breakdown. Complicating cause - Pneumonia alone failure - (Exitus)	11-1934

Other pathological conditions contributing but not related to the principal cause

Was an operation performed? Yes Date of May-36.

For what disease or injury?

Name of operation Cystoscopic examination Date of 7-35 and 2nd

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harley Cole M. D.

(Address) 220 E Harrison

JUL 30 1936

F 26124

26124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 E. Madison St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Johnson

(a) Residence: No. 1512 E. Madison St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Johnson

6. DATE OF BIRTH (month, day, year) 11/14/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lumber 0640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. S. Johnson

(Address) 1512 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date July 30, 1936

19. UNDERTAKER Robert McWilliams

(Address) 15 Huntington Ave

Filed 30 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/5/36, 19, to 7/27, 1936

I last saw h. IM alive on 7/26, 1936. Death is said to have occurred on the date stated above, at 7:25 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/22

Other contributory causes of importance:

chronic Interstitial Nephritis ?
Arterio-sclerosis ?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wayne Young, M. D.

(Address) 1512 E. Madison St

26125

✓ F 26125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Beck

If U. S. Veteran specify WAR .....

(a) Residence: No. 932- Ridgely St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ernest Beck

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Dominica Curri

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ernest Beck

(Address) 1814 C Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 1, 1936

19. UNDERTAKER Martin W. E. Boyle

(Address) 376 Aisquith St.

[illegible] Huntington Ave

JUL 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936 to July 29, 1936

I last saw h.l.m. alive on July 29, 1936. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	6/17/36
Bronchio-pneumonia	7/21/36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Kelman M. D.

(Address) .....

✓ F 26126

Spec. 6-9-19—H. P. Co.—1000 Bks.

F 26126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 4644 Gall Mall Av ST. 27-16 WARD

2-FULL NAME Mary E. Duncan

(a) RESIDENCE. NO. 4644 Gall Mall Av ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Lee Duncan

6 DATE OF BIRTH (month, day, and year) July 14 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woodsboro Md.

PARENTS

10 NAME OF FATHER Wellington Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Shuibrenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Walter L. Duncan (Address) 4644 Gall Mall Av Balto. Md.

15 AUG 1 1936 19 Wellington Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1936

17 I HEREBY CERTIFY, That I attended deceased from June 29 19 36 to July 29 19 36

that I last saw h. alive on July 29 19 36

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis Lungs

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? - Date of

Was there an autopsy? -

What test confirmed diagnosis?

(Signed) John D. Bubert M. D.

19 (Address) 1803 Park Height Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Cemetery Woodsboro Md.

DATE OF BURIAL Aug 1 1936

20 UNDERTAKER Powell & Albaugh

ADDRESS Woodsboro Md.

0 1936

THIS IS very important. See instructions on back of certificates.

26127 ✓ F 26127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Macon St. 26-7 Ward) 75

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 71 yrs. mos. ds.

2. FULL NAME Elizabeth Moerschel

If U. S. Veteran specify WAR

(a) Residence: No. 424 S. Macon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Henry Moerschel

6. DATE OF BIRTH (month, day, year) Aug. 15/1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Lauterbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Moerschel

(Address) 718 S. Dundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Lochman's Date July 31 19 36

19. UNDERTAKER Philip Herrig Sons

(Address) 2516 Eutaw St

Huntington Pallbearer

Pallbearer

8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29 19 to July 29 1936

I last saw her alive on July 29 1936 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 25/36
Senility	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Todd M. D.

(Address) 4616 Eastern Ave

26128

✓F 26128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117B

1. PLACE OF DEATH (Bures) Registered No.

CITY OF BALTIMORE: (No. 424 N. Castle St., Ward 6-4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Otto Burr

If U. S. Veteran specify WAR

(a) Residence: No. 424 N. Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Burr

6. DATE OF BIRTH (month, day, year) Sept 15 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Naval Academy

10. Date deceased last worked at this occupation (month and year) July 36

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Fred Burr

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Centonette Brondl

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Rose Burr

(Address) 424 N Castle

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date July 31, 36

19. UNDERTAKER Philip Herwig Sons

(Address) 2216 Eutaw St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 28 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 21, 36 to JUL 28 1936, 19

I last saw h[illegible] alive on JUL 28 1936, 19 Death is said to have occurred on the date stated above, at 1 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Duodenal Ulcer	2 days
Other contributory causes of importance: Shock - Hemorrhage	2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Edward J Hoyl M. D.

(Address) 4150 Washington

D 1936

26129 ✓ F 26129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3308 Emerley Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noble G Woodall — If U. S. Veteran specify WAR

(a) Residence: No. 3308 Emerley Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L deceased

6. DATE OF BIRTH (month, day, year) July 7 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bandsaw 408 E

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William G Woodall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence Watts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT W J Woodall
(Address) 1160 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Ave Aug 1 1936

19. UNDERTAKER Edw Loudon
(Address) 2309 Wakefield

JUL 30 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to July 29 1936

last saw h[illegible] alive on July 28 1936 Death is said to have occurred on the date stated above at 5 20 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thorton E Shaw, M. D.

(Address) 3803 Edmondson

26130 ✓ F 26130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. Ward)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 24 ds. How long in U. S. 56 yrs. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Emma V. Sherwood

(a) Residence: No. 2828 Alameda Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Herbert H. Sherwood

6. DATE OF BIRTH (month, day, year) July 5, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Dorch

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth Lentz

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Herbert Sherwood
(Address) 2828 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 31, 1936

19. UNDERTAKER John F. Deany Jr.
(Address) 715 Light St

19 [illegible]

30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-25-36, 19..., to 7-29-36, 19...

I last saw her alive on 7-29-36, 19... Death is said to have occurred on the date stated above, at 1:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary cyst Carcinoma of Ovary	

Other contributory causes of importance: Metastases to adrenal and lung

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9

26131

F 26131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 W. Lafayette St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley James

If U. S. Veteran specify WAR .....

(a) Residence: No. 1310 W Lafayette St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza James

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR, RR Freight Depot

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Athens Ga

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " Ga.

MOTHER

15. MAIDEN NAME Lucinda Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Ga

17. INFORMANT Eliza James

(Address) 1310 W. Lafayette.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug 1, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED Aug 1, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Kyphosis of spine

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hagner M. D.

Coroner

(Address) 216 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26132

CERTIFICATE OF DEATH

91a.

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 908 Pierce St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Irene Lee

(a) Residence: No. 908 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Lee

6. DATE OF BIRTH (month, day, year) Oct 6, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William H. Ruff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jennie Ruff

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Jennie Ruff
(Address) 908 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 30, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED JUL 30 1936 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1936 to July 27th 1936

I last saw her alive on July 27th 1936. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Endocarditis	4 months
	ago.
Other contributory causes of importance:	
Pneumonia	2
Anemia	wks.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Kunkelbocker M. D.

(Address) 722 N. Howard Ave.

26133 ✓ F 26133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

§ 2a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry A. Johnson

(a) Residence: No. Balto. City Hospitals St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-7-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warren, Pa.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Thursia

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ...ff Med School Date July 30 1936

19. UNDERTAKER .....
(Address) .....

20. [illegible] 1936 Huntington Phillips [illegible] Registrar.

2494

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1931 to 7-28, 1936.

I last saw h.i.M alive on 7-27-36, 19 .... Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-28-36
Other contributory causes of importance:	
Cerebral Hemorrhage (old)	Unknown
Arteriosclerosis General	"

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F Barney M. D.

(Address) Baltimore City Hospitals

26134

13026

F 26134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34c - 54E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

U. S. Veteran specify WAR

2. FULL NAME Thomas James

(a) Residence: No. 22 S. Spring St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 1-3-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Caroline James

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date July 30, 1936

19. UNDERTAKER

(Address)

20. FILED JUL 30 1936 Registrar

2493

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1936 to 7-25 1936

I last saw him alive on 7-25 1936 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Aortitis	
Syphilitic Myocarditis	
Ventricular Tachycardia	7-22 36

Other contributory causes of importance:

Arteriosclerosis Senual.
Dermoid Cyst of Mediastinum

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

26135 F 26135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME B. Boy Joyave

(a) Residence: No. 120 S. Carey St. St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-28-36

7. AGE Years	Months	Days	If LESS than 1 day 1 hrs. or min.
5 mos. premature			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Cecelia Kowaleski

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ltw. G. Rohrer M.D. Date July 30 1936
Funeral Home

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

JUL 30 1936

2496

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28-36, 19..... to 7-28 1936

I last saw him alive on 7-28 1936 Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

NO If so, specify .....

(Signed) L. L. Brautigan M. D.

(Address) Baltimore City Hosp.

M. D. B. 1268-9

26136

✓ F 26136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH Laid on way to Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward) 3

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Winton Burroughs — If U. S. Veteran specify WAR .....

(a) Residence: No. 819 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Burroughs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Minnie Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wilhelmina Burroughs (Address) 925 Richard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 30/34 . 19

19. UNDERTAKER Chas Alexander (Address) 905 Bradford

30 1936 Registrar. N. F. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 4 45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 7/28 . 1936

Where did Injury occur? On Precinct Yard
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place on street.

Manner of Injury Pistol shot

Nature of Injury wound in heart

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

26137 F 26137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 W. North ave St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.....

2. FULL NAME Emma E. Greene

(a) Residence: No. 2717 W. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. Edwin F. Greene

6. DATE OF BIRTH (month, day, year) Feb 19 18 V-4

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	V	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md.

MOTHER FATHER

13. NAME Capt Stephen B Woolford

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME Sarah A. Brooks

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

17. INFORMANT Miss Laura Florence Greene

(Address) 2717 W. North ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery Date July 31 1936

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North ave

[illegible] Huntingtown Maryland

AUG 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan [illegible], 19[illegible] to July 29 1936

That I last saw [illegible] alive on July 28 1936 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 2737 W. North

M. D. B. 1268-9

F 26138

26138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 W. Balto St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos.

2. FULL NAME Esther Riedel

(a) Residence: No. 1131 W. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Riedel

6. DATE OF BIRTH (month, day, year) Jan 21 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Michael Stern

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rebecca Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Montague Riedel
(Address) 1131 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sholom Cem. Date July 31 19 36

19. UNDERTAKER J. Aronson & Co
(Address) 917 32 Rainfordstown Av

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29-36

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to July 29 1936

I last saw h. alive on July 29 19 36 Death is said to have occurred on the date stated above, at 6 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	3 mos
metastasis to liver & peritoneum	

Other contributory causes of importance:

Hypertension	2 yrs
Diabetes mellitus	4 yrs

Name of operation Date of

What test confirmed diagnosis ? Was there an autopsy ?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ? Date of injury 19

Where did injury occur ?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased ? No If so, specify

(Signed) Milton Stern M.

(Address) Medical Arts Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v32

26139

✓ F 26139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 23 (Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. William Hill — If U. S. Veteran specify WAR .....

(a) Residence: No. 128 Burnett street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise Hill

6. DATE OF BIRTH (month, day, year) April 5, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edwin Hill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Little Hayden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise Hill
(Address) 128 Burnett

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 1, 1936

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 Eutaw St

20. FILED ..... 19 ..... Registrar

AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936 to July 29, 1936

I last saw him alive on July 21, 1936. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/21/36

Other contributory causes of importance:

Hypertension	Unknown
Arteriosclerosis	Unknown

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis Joseph Krol, M. D.
(Address) South Baltimore General Hospital

15340 ✓ F 26140

F 26140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 2 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Harris

(a) Residence: No. 646 Lee St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-20-~~1888~~ 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~46~~	43	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Harris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Isabelle Roy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 2, 1936

19. UNDERTAKER Mrs Katie R. Wilkinson

(Address) 322 S Schroeder St.

20. FILED ..... 19 ..... Registrar

~~31~~ 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 29 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 7 - 25 . 1936 to 7 - 29 . 1936

I last saw h~~im~~ alive on 7 - 29 . 1936 Death is said to have occurred on the date stated above, at 3⁰⁰ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture of Urethra - Gonococcal	?
Periurethral Abscess - Gonococcal	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-28-36

For what disease or injury? Urethral Stricture -

What test confirmed diagnosis Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) C. G. Brantigan M. D.

(Address) Baltimore City Hosp.

F 26141 ✓ F 26141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 II

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St Paul apts 101 E Mt Royal ave St., 11-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME LOUISE PUNNETT

(a) Residence: No. St Paul Apts 101 E Mt Royal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 23 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	10	4 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month, year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York N Y

FATHER

13. NAME James Punnett

14. BIRTHPLACE (city or town) (State or country) New York NY

MOTHER

15. MAIDEN NAME Mary Kunze Meier

16. BIRTHPLACE (city or town) (State or country) New York NY

17. INFORMANT ANNE PUNNETT (Address) 360 E. 70th St New York

18. BURIAL, CREMATION, OR REMOVAL Louden Park Date July 31 1936

19. UNDERTAKER Henry W. Jenkins Sons Co (Address) McCulloh & Eutaw Sts.

FILED JUL 31 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25th 1936, to July 27th 1936.

I last saw h[illegible] alive on July 27th 1936. Death is said to have occurred on the date stated above, at 9.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	June 25
Pulmonary edema	July 27/36
Other contributory causes of importance:	
Cirrhosis Kidneys	June 25

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) J. A. Shaland M. D.

(Address) 1304 Edmondson Ave. Baltimore.

M. IV. B 1268-1

F 26142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

15-12

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ISIDORE HOLTZMAN If U. S. Veteran specify WAR .....

(a) Residence: No. 3449 Cottage Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Holtzman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Harry Russow
(Address) 594 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rituals Date 7-30 1936

19. UNDERTAKER Jace Levine Inc
(Address) 1439 E. Lafayette Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence obtained by said Inquiry) find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. R. Orndorff M. D.
Coroner

(Address) 2757 W. North Ave.

21 1026

26143
315-421

✓ F 26143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Makowski

(a) Residence: No. 1608 Lamont Lt St., ... Ward. 7th. E. 4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 16 36

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Makowski

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Dontlekofer -

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
St. Stanislaus Aug 1-36

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19

31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27th. 1936 to July 30th. 1936
I last saw him alive on July 30th 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphoid Leukemia	6-27-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm O Hyder, Jr. M. D.

(Address) Johns Hopkins Hospital

F 26144

F 26144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 W. Franklin St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Moore

(a) Residence: No. 1623 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 10-12-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) 1 mo. ago

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) King George Co. Va.

FATHER

13. NAME Samuel Moore

14. BIRTHPLACE (city or town) (State or country) King George Co Va

MOTHER

15. MAIDEN NAME Lucy Greene

16. BIRTHPLACE (city or town) (State or country) King George Co Va

17. INFORMANT Henry Moore Jr.
(Address) 1623 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date July 31, 1936

19. UNDERTAKER Charles G. Cooper.
(Address) 517 N Calhoun St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1936 to July 29th 1936

I last saw him alive on July 28th 1936 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	7/20/36
Other contributory causes of importance: Pyloric Ulcer of the Stomach	6/9/36

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Upon Date of

What test confirmed Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. E. Gunn M. D.
(Address) 622 N. Arlington Ave

F 26145 Hanagan ✓ F 26145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St., 12-3 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME George Hanagan
(a) Residence: No. 2434 Barclay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Mayne

6. DATE OF BIRTH (month, day, year) July 30 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0079
10. Date deceased last worked at this occupation (month and year) July 3-36
11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Richard Hanagan
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Louise Fundiker
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Alberta M. Hanagan
(Address) 2434 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del. Date 8/1/36 19

19. UNDERTAKER Gilbert H. Keregan
(Address) 4112 E. North Ave

20. FILED 19 Registrar

AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936 to July 30, 1936
I last saw him alive on July 30, 1936 Death is said to have occurred on the date stated above, at 6:36 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	2 yrs
Other contributory causes of importance: Hepatic Insufficiency	2 wks ago

Was an operation performed? Date of
For what disease or injury?
Name of operation. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. P. Sayler, M. D.
(Address) Md. Gen. Hosp

13070 ✓ F 26146

F 26146

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 B

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Joseph Thomas

(a) Residence: No. 927 Druid Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 9-17-1898

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Carr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem Date 8/1 1936

19. UNDERTAKER Frances E. Crumley
(Address) 511 W. Biddle St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1936 to 7-29 1936

I last saw h[illegible] alive on 7-29 1936 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Aneurysm of aorta	Instant
Aneurysm of aorta	Jan'. 36

(Coro.)

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

26147 ✓ 26147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 B

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, Md. St., 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stockton Brown

(a) Residence: No. 144 Colvin St., Baltimore, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ella May Bella

6. DATE OF BIRTH (month, day, year): December 12, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For contractor

0040

10. Date deceased last worked at this occupation (month and year): 2 yrs. ago

11. Total time (years) spent in this occupation:

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Spead North Carolina

13. NAME: Battes Brown

14. BIRTHPLACE (city or town) (State or country): North Carolina

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT (Address): Records, U.S. Marine Hospital, Baltimore, Maryland — Lafayette Brown N.C.

18. BURIAL, CREMATION, OR REMOVAL — Place: National Cem. Date: 7/31 19 36

19. UNDERTAKER: Frances A. Hepsley (Address): 518 W. Biddle St

20. FILED JUL 31 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 19 36

22. I HEREBY CERTIFY, That I attended deceased from July 27, 19 36 to July 29, 19 36

I last saw h.. im alive on July 29, 19 36. Death is said to have occurred on the date stated above, at 2:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, atrophic	Unknown
Myocarditis, chronic	"
Endocarditis, acute, bilateral	4 weeks
Other contributory causes of importance: Thrombosis, mesenteric	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. M. H. Anderson M. D.
(Address) U.S. Marine Hospital, Balto., Md.

26148 ✓ # 26148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Schools

(a) Residence: No. 1936 Brunt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Daniel Schools

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Caroline Bundy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ella Tripp

(Address) 1936 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 8/1 1936

19. UNDERTAKER Frances G. Kemsley

(Address) 638 W. Biddle St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1936, to 7-29 1936

I last saw her alive on 7-29 1936 Death is said to have occurred on the date stated above, at 12 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-27-36
Hypertensive cardio-renal disease	14 yr. ago.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 600 N. Arlington

F 26149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Hollins St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Faburn

If U. S. Veteran specify WAR ✓

(a) Residence: No. 1415 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of George Faburn

6. DATE OF BIRTH (month, day, year) Sept 22-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0037

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr George Faburn

(Address) 1415 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 31 1936

19. UNDERTAKER Mr Lechner & Sons

(Address) Balto

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to July 29, 1936.

I last saw h alive on July 28, 1936. Death is said to have occurred on the date stated above, at 10 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 day
Other contributory causes of importance: Arteriosclerosis	years

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 729 Washington Blvd

F 26150 ✓ F 26150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. 13-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Kesmick Rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME James C. Hackley

(a) Residence: No. 3304 Kesmick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Lucy Beulah Hackley

6. DATE OF BIRTH (month, day, year) June 11 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R. R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Hackley

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Jane Jenkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Martin Hackley

(Address) 3352 Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Baltimore Date Aug 1 1936

19. UNDERTAKER Schnauffer & Son

(Address) 3613-17 Edmondson Ave

20. FILED ... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28 1936 to July 30 1936

I last saw h... alive on July 30 1936 Death is said to have occurred on the date stated above, at 4.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	9yrs
asthma	
Other contributory causes of importance	
Myocarditis	2yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Norval H. Rivers M. D.

(Address) 7020 N. Charles

M. D. B 1263-B

F 26151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26151

95B

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. Balt City Hospital St., 11-3 Ward) — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Alonzo Roberts — If U. S. Veteran specify WAR ____

(a) Residence: No. 813 Madison Ave St., ____ Ward. ____ (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Ella Roberts

6. DATE OF BIRTH (month, day, year) about 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0016

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Roberts

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Carl T. Roberts (Address) Marshall Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date July 31, 19 36

19. UNDERTAKER Mullaney Bros (Address) 217 St Paul St

20. FILED ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained, by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial sclerosis (with cardiac hypertrophy)	

Other contributory causes of importance: myocardial failure

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) A. M. Wrigley Coroner, M. D.

(Address) 1010 S. Ellwood Ave

26152 F 26152

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-108

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No.....St.,.....Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 19 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles Smith 3-2 War Service: None

(a) Residence: No. 854 S. Bond St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 29, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B.Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0086
10. Date deceased last worked at this occupation (month and year) 7-1-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Orleans
(State or country) La.

FATHER

13. NAME Albert C. Smith
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Ideky
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records, U.S.Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date July 31 19 36

19. UNDERTAKER E. Leroy Stuffler, Inc.
(Address) 125 E. Monument Ave.

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 19 36

22. I HEREBY CERTIFY, That I attended deceased from July 24 19 36 to July 29 19 36
I last saw him alive on July 29 19 36 Death is said to have occurred on the date stated above, at 12:50 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular	Unknown
Pneumonia, lobar, bilateral	2 weeks
Pericarditis, chronic, adhesive	Unknown
Other contributory causes of importance: Anemia, secondary	3 weeks

Was an operation performed? no Date of .....
For what disease or injury? .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) T. M. Lee M. D.
(Address) U.S.Marine Hospital, Balto., Md.

M. D. B 1265-2

F 26153

✓ F 26153

HEALTH DEPARTMENT—CITY OF BALTIMORE

94B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Ward. St., 21-2 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Miles

If U. S. Veteran specify WAR .....

(a) Residence: No. 1405 Ward. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Atkinson Miles

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lawrence Lee

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ellen Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Atkinson Miles

(Address) 1405 Ward St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cem Cmty Date Aug 1 1936

19. UNDERTAKER Walter B. Spriggs

(Address) 1221 W. Ashley St

20. FILED [illegible] Register No. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above, 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 29 1936

Other contributory causes of importance: —

Was an operation performed? yes Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 930 Edmondson Ave

M. D. B 1268-9

26154

HEALTH DEPARTMENT—CITY OF BALTIMORE

26154

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Md. General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 — 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allen Dempsey

If U. S. Veteran specify WAR .....

(a) Residence: No. Canaveigh Mill, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna Dempsey

6. DATE OF BIRTH (month, day, year) Nov. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canaveigh Mill

FATHER

13. NAME William Dempsey

14. BIRTHPLACE (city or town) (State or country) Canaveigh Mill

MOTHER

15. MAIDEN NAME Fanny Kelly

16. BIRTHPLACE (city or town) (State or country) Canaveigh Mill

17. INFORMANT Anna Dempsey
(Address) Marriottsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakmont Cem. Date Aug 3. 1936

19. UNDERTAKER J. C. Tyson
(Address) Ruxton Md.

20. FILED ..... By Huntington Pilkington (Registrar)

AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Pyuria

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Hann Coroner, M. D.

(Address) 115 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

F 26155

F 26155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Keene

(a) Residence: No. 830 N. Bond St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Sept. 24 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alford Keene

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Johanna Hughes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Marie K. Stewart

(Address) 830 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Aug 2nd 1936

19. UNDERTAKER [illegible] - daughter

(Address) [illegible]

19 [illegible] Registrar

20. FILED 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 4&5 Cervical Vertebra	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident July 29, 1936

Where did injury occur? 1401 Fleet St Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Lumber Yard)

Manner of injury Fell from Pile of Lumber

Nature of injury Fracture of Vertebra

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell during Working

(Signed) F. R. Weller M. D. Coroner

(Address) 2757 N. Howard St.

OCCUPATION is very important. See instructions on back of certificate.

F 26156 ✓ F 26156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

1. PLACE OF DEATH Union Memorial Hospital Registered No. 15-6
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? St., Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War

2. FULL NAME Mrs Joseph H. Simson - Ella H. Simson

(a) Residence: No. 2912 Baker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Simson

6. DATE OF BIRTH (month, day, year) Mch. 9, 1874

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	62	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6037

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Moritz Hilb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Lichman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jos. J. Simson
(Address) 2912 Baker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Chesterwood Cem. Date Aug. 2, 1936

19. UNDERTAKER Edgar Long Funeral Home
(Address) 902 Eutaw Place

20. FILED 19 (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to July 30, 1936.

I last saw her alive on July 30, 1936. Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	7-28-36

Other contributory causes of importance:

Carcinoma of colon

Was an operation performed? YES Date of July 27, 1936

For what disease or injury? Carcinoma of colon

Name of operation Resection of colon Date of July 27, 1936

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. M. Copeland M. D.

(Address) Union Memorial Hosp.

F 26157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 15145

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 22-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie Lewis

(a) Residence: No. 519 W. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 8-20-93

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 ?	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joshua Brooks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Vie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 7/31/36 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 101 W Montgomery St

20. FILED 7/30/36 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1936 to 7-27 1936

I last saw her alive on 7-27 1936 Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-22-36
Uterine Fibroids, Benign	?
Pulmonary Tuberculosis	?

Other contributory causes of importance:

over

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? NCS

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) C. C. Beauregard M. D.
(Address) Baltimore City Hospitals

F 26158 ✓ F 26158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54D

1. PLACE OF DEATH University Hosp — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Length of residence in city or town where death occurred 0 yrs 0 mos 13 ds. How long in U. S. If of foreign birth 61 yrs 8 mos 17 ds.

2. FULL NAME CARA Daniels Test

(a) Residence: No. University Hospital St., ... Ward. Villa Nova Balto Co
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robt H Test

6. DATE OF BIRTH (month, day, year) July-12-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Brooklyn Corners Michigan

MOTHER FATHER

13. NAME Rev. Eugene Daniels
14. BIRTHPLACE (city or town) (State or country) South Braintree Mass.

MOTHER

15. MAIDEN NAME Ella Graves
16. BIRTHPLACE (city or town) (State or country) Lawrence Mass

17. INFORMANT R. W. Test (husband)
(Address) Ballo Co. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date July 31 1936

19. UNDERTAKER Lemmon Funeral Co.
(Address) 1080 W Fayette St.

20. FILED ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/16/36 to 7/29 1936

I last saw her alive on 7/29 1936 Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Meningioma	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/27/36

For what disease or injury? Brain Tumor-Meningioma

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) W. K. Howard, M.D.

(Address) University Hospital

M. D. B. 1268-9 F 26159 ✓ F 26159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Leitner Binford

(a) Residence: No. Ruxton, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles T. Binford

6. DATE OF BIRTH (month, day, year): November-2-1906

7. AGE: Years: 29 | Months: 8 | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Goldsboro N. C.

FATHER

13. NAME: Wm. H. Winstead

14. BIRTHPLACE (city or town) (State or country): Danville Va.

MOTHER

15. MAIDEN NAME: Helen Privett

16. BIRTHPLACE (city or town) (State or country): Goldsboro N. C.

17. INFORMANT (Address): C. C. Binford - Ruxton - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: July 31-1936

19. UNDERTAKER (Address): Stewart Mosser Co. 1054 Eutaw Place

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July-29-1936

22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1936, to July 29th, 1936.

I last saw her alive on July 29th 1936. Death is said to have occurred on the date stated above, at 3.35 P m.

The principal cause of death and related causes of importance were as follows:

Postoperative pulmonary atelectasis — Date of onset 7-28-36

(Coma)

Other contributory causes of importance:

Terminal pneumonia — 7-28-36

Laryngeal & Tracheal edema

Partial excision of brain cyst - Biot

Name of operation [illegible] Tuberculin Suspension Date of

Tuberculation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Laurence P. Wharton M. D.

(Address) 4504 Roland Ave

✓ F 26160

26160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 107a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Tillman
If U. S. Veteran specify WAR

(a) Residence: No. Camp Wells, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma C Tillman

6. DATE OF BIRTH (month, day, year) June 19 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Eli Tillman
14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT John H. Tillman
(Address) 1200 N. 40th St. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 3, 1936

19. UNDERTAKER J. F. Cline & Sons
(Address) Perkinstown Md

20. FILED AUG 1936 Huntington Pulaski Hyatt NRH

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to July 31, 1936
I last saw him alive on July 31, 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Acute Enteritis	
Other contributory causes of importance: Broncho-Pneumonia	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Sletz M. D.
(Address) Md Gen Hosp

M. D. B 1268-9

F 26161

26161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto city Jail St., 10-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Frank Kovach

(a) Residence: No. City Jail St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hobo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, (OTHERWISE)
Place U. of Md Med School Date July 31, 1936

19. UNDERTAKER .....
(Address)

20. FILED 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Chr. Myocarditis	
Arteriosclerosis	
Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Orrin B. Wallace M. D.
Coroner

(Address) 1031 St Paul St

M. D. B. 1268-9

26162

✓ F 26162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53c

20-5

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Millington Ave. St., life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME William Henry Nash — U. S. Veteran — specify WAR .....

(a) Residence: No. 314 Millington Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mamie H. Nash

6. DATE OF BIRTH (month, day, year) Dec. 15th 1888

7. AGE — Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 00 3

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Nash

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Meier

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Lillian C. Welsh (Address) 314 Millington Ave.

18. BURIAL, CREMATION, OR REMOVAL Pl[illegible] Loudon Park Aug. 1st 19 36

19. UNDERTAKER Joseph B. Cole & Co. (Address) 1003 N. Eutaw St.

20. Filed [illegible] 19 — Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th. 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above. 9.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho-Sarcoma	About June 1st 1936
	Chronic

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? No, Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

26163 ✓ F 26163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1148

Registered No. 15094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Collins

(a) Residence: No. 1202 Clendenin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Collins

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sally Easby

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hopeley Pt. Va Date 1/31/36

19. UNDERTAKER Leonard P. Hensley
(Address) 318 Lanvale St Balto

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14 1936 to 7-30 1936

I last saw her alive on 7-30 1936 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	Jan 1936
Empyema (Pneumococcal)	"
(Coma)	

Other contributory causes of importance:

Malnutrition	unknown
Secondary Anemia	"

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 26164

F 26164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Emerson Hotel St., 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles M. Coer

(a) Residence: No. Emerson Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan. 6, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles A. Coer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline Maier

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John J. Maier
(Address) 239 E. 25 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Eng. Date Aug 1, 1936

19. UNDERTAKER Chas. E. Frank
(Address) 802 Madison Ave Huntington Milwaukee, Wis.

20. FILED JUL 31 1936, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot (Revolver) wound Rt. Temple to Left temple passing thru Brain	

Other contributory causes of importance: Mental Derangement

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-30, 1936
Where did injury occur? Balto. Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Emerson Hotel
Manner of injury Revolver Shot self inflicted
Nature of injury Shot thru temple into Brain

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chas. E. Wallace M. D. Coroner
(Address) 121 St. Paul St.

26165 ✓ F 26165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals 27-10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis C. Kisiner

(a) Residence: No. 4711 Alhambra Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Kisiner

6. DATE OF BIRTH (month, day, year) Sept. 17, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Herkini

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 3rd 1936

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Biddle St

OCT 1936 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936 to July 31, 1936
I last saw him alive on July 31, 1936 Death is said to have occurred on the date stated above, at 1:30AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	August 1932
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lew H. Feldman, M. D.

(Address) Baltimore City Hospitals

F 26166 ✓ F 26166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. 14835

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-1 Ward) 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 52 yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Clark

(a) Residence: No. 408 N. Paca St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Single~~ Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~1859~~ Feb 6 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~77~~	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0053

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Zealand

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date Aug 1st 1936

19. UNDERTAKER John C. Miller
(Address) 2435-37 E. Monument St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30/36

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1925 to 7-30 1936

I last saw him alive on 7-30 1936 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-27-36
Bronchopneumonia (Primary)	7-1-36
Other contributory causes of importance:	
Hypertensive Cardio-Vascular Disease, Arteriosclerosis	Unknown
	"

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John T. Rainey M. D.
(Address) Baltimore City Hospital

M. D. B 1268-9

F 26167

26167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bond & Caw St., 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John L. Fulchof

(a) Residence: No. 3029 Windsor ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Sophia Fulchof

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Schoenagle

(Address) 3029 Windsor ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 1 19 36

19. UNDERTAKER Henry W. Hopkins & Co

(Address) N. Eutaw & Lanvale

20. FILED 19

AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left Femur	7-8-36

Other contributory causes of importance: Hypostatic Pneumonia 7/27/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury , 19

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place not Home

Manner of injury Fell down stairs

Nature of injury Fracture Left Femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

26168 F 26168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 W. Baltimore St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catharine A. Bomberger

(a) Residence: No. 1710 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Bomberger

6. DATE OF BIRTH (month, day, year) August 11, 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	96	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

FATHER

13. NAME William Albert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Summers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Emma L. Bomberger

(Address) 1710 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date August 1 1936

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1936, to 7-30, 1936

I last saw her alive on 7-28, 1936 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Arterio-sclerosis	

Other contributory causes of importance:

Senile Debility	

Was an operation performed? No Date of

For what disease or injury? Home

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Latrobe Apartments

F 26169

26169

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 19-4 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Record

2. FULL NAME Mrs. Louise Curcio,

(a) Residence: No. 1842 N. Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of James J. Curcio

6. DATE OF BIRTH (month, day, year) Sept 9th 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Leonard Wolf

14. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

15. MAIDEN NAME Jennie V.

16. BIRTHPLACE (city or town) (State or country) Caroline Co Md

17. INFORMANT Jennie Wolf

(Address) 1842 N. Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 3rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936 to July 30, 1936

I last saw her alive on July 30, 1936. Death is said to have occurred on the date stated above, at 6.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	
Other contributory causes of importance: Urinary fistula	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hosp.

26170 F 26170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 N. Broadway 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle H. Macneal

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1631 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of ~~HUSBAND of~~ Walter F. Macneal

6. DATE OF BIRTH (month, day, year) April 14th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob England

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Martha Robinson

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT W. Vernon Macneal

(Address) 2316 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Aug 1st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED AUG 1936 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19/35 19 to July 29/36 19

I last saw her alive on July 28 19 36 Death is said to have occurred on the date stated above, at 4th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inoperable Carcinoma Bladder & surrounding tissues	?
Other contributory causes of importance: Carcinoma Ureters	?

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? X Ray - Lab - & Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred In industry, ~~in home~~ or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) Walter Tibbett M. D.

(Address) 2220 Harlem Blvd

26171 F 26171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-2 82a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1623 N. Monroe St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Underwood If U. S. Veteran specify WAR No Record

(a) Residence: No. 1623 N. Monroe St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

3a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Alonzo Underwood

6. DATE OF BIRTH (month, day, year) June 21st 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

MOTHER

13. NAME Patrick Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Floyd Logue
(Address) 1623 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul st

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to July 30 1936, last saw h.r alive on July 30 1936 Death is said to have occurred on the date stated above, at 8 hrs P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 15 1936

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

M. D. B 1268-9

26172 ✓ F 26172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 87B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gel Hospital St., 11-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Nick Panos
If U. S. Veteran specify WAR.

(a) Residence: No. Belair Md St., Ward.
(Usual place of abode) 30 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: White | 4. Color or Race: Mute | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) Aug - about 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
48	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sel. 0019

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT George Panos
(Address) 4905 Litchfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 3, 1936

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md

FILED AUG 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..(Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..(Inquest, Autopsy or Inquiry) find that said deceased came to ..death on the day stated above.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis 2, 2 2 hrs

Date of onset

Died in Convulsion while entering the hospital

Other contributory causes of importance: over

Was an operation performed? ..Date of ..

For what disease or injury? ..

Name of operation ..Date of ..

What test confirmed diagnosis? ..Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..Date of injury ..., 19..

Where did injury occur? ..(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ..

(Signed) C. Kapp Jr Coroner, M. D.

(Address) 1615 Hanover

26173 ✓ E 26173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 21-2 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Marie Schmidt

(a) Residence: No. 1358 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Charles G. Schmidt

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Zethoeel

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Father
(Address) Home

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 8/3, 1936

19. UNDERTAKER 712 Eutaw St
(Address) 1212 E. Fayette St

20. FILED Aug 6, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to July 30, 1936

I last saw her alive on July 30, 1936 Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	7-7-36
Osteomyelitis petrous bone	7-14-36
Cerebellar abscess (Staphylococcus)	7-21-36

Other contributory causes of importance

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address)

F 26174

F 26174 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 E. Preston St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mollie E. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1202 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter R. Johnson

6. DATE OF BIRTH (month, day, year) Jan. 28- 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Thomas J. Kennard.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Leonard

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Edna Mc Cleary

(Address) 4502 Minnesota Av

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 1 1936

19. UNDERTAKER W M Cross

(Address) 1217 Eutaw St

FILED ..... Registrar.

G 1 1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to July 30, 1936

I last saw her alive on July 30, 1936. Death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 d.
Chronic Arthritis Deformans	1 yr.
Other contributory causes of importance: Influenza	1 d.

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A Stevens, M. D.

(Address) 2818 Harford Rd

F 26175 ✓ F 26175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 N. Caroline St., 9 Ward) 9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes Koehler

(a) Residence: No. 1532 N. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George L. Koehler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME MARY Reuter

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mary E. Groh

(Address) 221 McCurley St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Aug 4 1936

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St

20. FILED Huntington Ave

AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-4- 1936 to 7-29 1936

I last saw her alive on 7-29 1936 Death is said to have occurred on the date stated above, at 6 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	6/6/36
Other contributory causes of importance Myocardial Insufficiency	7/4/36

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Signs Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) David Miller M. D.

(Address) 1500 W Broadway

F 26176

F 26176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-6 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Windsor Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Walsh

(a) Residence: No. 3337 Windsor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William H. Walsh

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anne R. Conradt

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Nannie E. Chambers
(Address) 3339 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Old St. Pauls Date Aug. 1, 1936

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 36 19

22. I HEREBY CERTIFY, That I attended deceased from June 36 19 to July 30 19 36

I last saw h alive on July 30, 36 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency

Other contributory causes of importance:

Chr. Bright's Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Thos E. Jackson M. D.

(Address) 3 W. Biddle St.

26177 ✓F 26177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115a 15-10

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Ethel Miller

(a) Residence: No. 3910 Dorchester Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 17 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironer 069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME John T Miller

14. BIRTHPLACE (city or town) (State or country) West Va

MOTHER

15. MAIDEN NAME Ellen Lambert

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Helen V Robinson

(Address) 3910 Dorchester Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Shepherdstown W. Va. Date Aug 3 1936

19. UNDERTAKER Thos J Mulligan & Son

(Address) Hyattsville Md

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-36

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1936 to 7-30 1936

I last saw h[illegible] alive on 7-30 1936 Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonsillar abscess	7-25-36
Other contributory causes of importance:	
Agranulocytic angina	
Bronchial Pneumonia	

Was an operation performed? Yes Date of 7-28-36

For what disease or injury? Peritonsillar Abscess

Name of operation Peritonsillar abscess, Drainage Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Gardner, M. D.

(Address) Wal-Ger Hosp

26178
316215

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 26178

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 16 St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Dandy

(a) Residence: No. 3021 Arunah av Ward. Mbg III
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 5-6-61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	X2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓ 0057

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER

13. NAME: David Kilpatrick

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Campbell

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place: Druid Ridge Date: Aug 1 1936

19. UNDERTAKER (Address): Wm J Tucker & Sons 24a

20. FILED AUG 1 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936 to July 30, 1936

I last saw her alive on July 30, 1936 Death is said to have occurred on the date stated above, at 248 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (rt lung)	7/16/36
arteriosclerosis	1928

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sarah H Bowditch M. D.

(Address) Johns Hopkins Hospital

F 26179

M. D. F. 1208-7

F 26179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norman Bookman

(a) Residence: No. 23 N. Durham St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 25, 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Henry Bookman

14. BIRTHPLACE (city or town) (State or country) S. C

MOTHER

15. MAIDEN NAME Alice Adams

16. BIRTHPLACE (city or town) (State or country) S.

17. INFORMANT Alice Bookman

(Address) 231 N Durham st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date August 1, 1936

19. UNDERTAKER Lottie Grood

(Address) 1408 Ashland ave

20. FILED , 19 Huntington Williams Registrar.

8-1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Stomach & intestines	
Other contributory causes of importance: Peritonitis	

Was an operation performed? Yes Date of 7/29/36

For what disease or injury? Stab Wound of Stomach & Intestines

Name of operation Repair of Stomach & Intestines Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 7/29, 1936

Where did injury occur? Wolfe & Biddle Sts. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Stabbed with Pen Knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ritenberg, M. D.

Coroner

(Address) 1918 E. North Ave

F 26180
M. D. B. 1268-9

✓ F 26180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 N Chapel St., 8-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lewis, Ethel V

(a) Residence: No. 1707 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Luther Lewis

6. DATE OF BIRTH (month, day, year) Jan 29 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	6	1 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Vetters

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Miss Payne

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Celia Robinson
(Address) 1707 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 1. 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED ..... 19 ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1934 to 7-29- 1936

I last saw her alive on 7-29- 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1-18-34
Other contributory causes of importance:	
—	

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Milton C. Lang, M. D.

(Address) 2117 Belair Rd

M. D. B 1268-9

F 26181

F 26181 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH Md. General Hospital 6-4 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Terry

(a) Residence: No. 1802 Orleans St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Terry

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 2049

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Farmville Va.

FATHER

13. NAME Samuel Terry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jennie Terry (Address) 1802 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL Place Farmville Va Date 8-1- 1936

19. UNDERTAKER Bryson & Mannie (Address) 2181 E. Eager St. Baltimore, Md.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Neck,	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 30, 1936

Where did injury occur? Spring Grove Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Embankment

Manner of injury Fell off moving train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Hann M. D.
Coroner

(Address) 1215 Hanover

26182 Yancey ✓ F 26182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 138

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital Ward) 9-9
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Joseph Yancey
(a) Residence: No. Raleigh N. C. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Yancey

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver 923
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brew Distributor
10. Date deceased last worked at this occupation (month and year) July 1936
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date July 1936

19. UNDERTAKER
(Address)

20. FILED ... 19 ...

2500

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936 to July 29, 1936
I last saw him alive on July 29, 1936 Death is said to have occurred on the date stated above, at 1:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scrotal Abscess	1 wk
Septicemia	2 days
Other contributory causes of importance:	over

Was an operation performed? Yes Date of July 28, 1936
For what disease or injury? Scrotal Abscess
Name of operation Orchiectomy and drainage of scrotum Date of 7-28-36
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19 ...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
(?) If so, specify may have been contributed by heavy lifting

(Signed) Frank K Stubblefield M. D.
(Address) St Joseph Hospital

26183 F 26183

HEALTH DEPARTMENT—CITY OF BALTIMORE

U 15136

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Tuberculosis Division Baltimore City Hospitals 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Morgan

(a) Residence: No. 120 Calendar Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	55	11	15 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME William Morgan

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Kate Owens

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT ~~Hospital Records~~ Niece Slaughter
(Address) 120 Calendar St.

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Fairview~~ Cemetery Date August 3, 1936

19. UNDERTAKER Howard V. Bligh Jr
(Address) 4914 Belair Road

20. FILED Aug 1 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936 to July 31, 1936
I last saw him alive on July 31, 1936 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan. 1936
Tuberculous Enteritis	March 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Were an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dan H. Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B. 12618

F 26184

Jurick's

✓ F 26184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Brunt St., 14 Ward) 3

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Jurick Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 1834 Brunt St. (Usual place of abode) ..... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Exie Jurick

6. DATE OF BIRTH (month, day, year) Feb. 3 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME Jacob Jurick

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Annabelle Lee

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Exie Jurick Wife

(Address) 1834 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Old Bro'n Cabaret Date Aug 3 1936

19. UNDERTAKER V. G. Brooks

(Address) 1463 N. Carey St.

20. FILED ..... 19 ..... Registrar.

AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the 31st and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. Hamm, M. D. Coroner

(Address) 215 Hanover

3/6480 ✓ F 26185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Coates

(a) Residence: No. York Road St., ... Ward. Towson P.O. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Isaac Tucker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Caroline Call

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date 8/1/36 19

19. UNDERTAKER Ruthrauff & Ryan

(Address) 2141 McCulloh

20. FILED ..... 19 ..... Registrar

AUG 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from July ..... 1936, to July 30 1936

I last saw her alive on July 30 ..... 1936. Death is said to have occurred on the date stated above, at 12:32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative edema of cerebellum	7-28-36
Other contributory causes of importance:	
	Sudden

Was an operation performed? Yes Date of July 28, 1936

For what disease or injury? Tic dolorous

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles E. Troland, M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 26186 ✓ F 26186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Belton

(a) Residence: No. 732 W. Mulberry St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) " "

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) " " (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " " (State or country) " "

17. INFORMANT Balt City Hos. records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Aug. 1-36 19

19. UNDERTAKER Mrs. George H. Hollan (Address) 1631 Druid Hill Ave

20. FILED AUG 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D. Coroner

(Address) 1015 S. Edmondson Ave

✓ F 26187

6187

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital,
CITY OF BALTIMORE: (No. Wilkens + Caton Ave., St., 9-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John P. McCormick,

(a) Residence: No. 709 E. 21st St, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie S.

6. DATE OF BIRTH (month, day, year) 12-25-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Patrick McCormick
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Mooney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Annie S. McCormick
(Address) 709 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 3, 1936

19. UNDERTAKER Wm. M. Woodfield
(Address) 501 E. 22nd St.

FILED Aug 1 1936 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to July 30, 1936
I last saw him alive on July 30, 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	1933 A.
Pulmonary Oedema	7/30/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. G. Llewelyn M. D.
(Address) St. Agnes Hospital.

✓ F 26188

26188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Bolton St. 14-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Fannie H. Grafton

(a) Residence: No. 1834 Bolton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mark C. Grafton

6. DATE OF BIRTH (month, day, year) Jan. 1, 1878 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER FATHER

13. NAME James H. Forbes

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Annie M.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mark C. Grafton

(Address) 1834 Bolton St. City

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Aug. 3, 1936

19. UNDERTAKER John D. Mitchell & Son

(Address) 1900 Eutaw Place, City

19 Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936, to July 31, 1936

I last saw h alive on July 31, 1936. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac asthma.

Date of onset

Other contributory causes of importance:

acute myocarditis

Was an operation performed? nd. Date of

For what disease or injury? none.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. S. Weistadt, M. D.

(Address) 1730 Linden Ave.

M. D. B 1268-9

✓ F 26189

26189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 W. Lexington St. 18-1 (Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice Thomas

(a) Residence: No. 813 W. Lexington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 16, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Herman H. [redacted] Thomas

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Marie Bundy

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Herman H. Thomas
(Address) 813 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Calay Cem. Date Aug 2 1936

19. UNDERTAKER Wells & Sprigg S.
(Address) 1398 W. Pratt St.

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) July 31, 1936 .19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) O. R. Crockett M. D.
(Attending Physician)

(Address) 757 N. Howard St.

M. D. B 1268-9

F 26190

26190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No. 22-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World

2. FULL NAME Bill L. Simms

(a) Residence: No. 527 Burgundy St. St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hot Springs Ark.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elizabeth Burley

(Address) 520 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Nat Date Aug 3rd 19 36

19. UNDERTAKER Joseph A. Lively

(Address) 1096 N. Mount Street.

20. 1936 Hamilton Filed Aug 3 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide? Accident Date of injury July 30, 1936 19

Where did injury occur? 608 S. Green St. Balto.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Street)

Manner of injury Fell over Box of Trash

Nature of injury Struck Head (Fracture)

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. K. Mullen M. D.

(Address) 2757 N. Howard St

✓ F 26191

HEALTH DEPARTMENT—CITY OF BALTIMORE

316467
326191

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Gibson

(a) Residence: No. 1539 N. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

6. DATE OF BIRTH (month, day, year): 10-4-88

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 ~~75~~	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ga

FATHER

13. NAME: William Gibson

14. BIRTHPLACE (city or town) (State or country): Ga

MOTHER

15. MAIDEN NAME: Amanda Shackelford

16. BIRTHPLACE (city or town) (State or country): Ga

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 8/3/36 19

19. UNDERTAKER: Henry W. Rees & Son

(Address) 605 N. Calvert St.

20. FILED [illegible] Registrar.

8-1936

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July-22, 1936, to July 31, 1936

I last saw him alive on July 31, 1936. Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis, r.	years
Hydronephrosis, r.	years
Pyelonephritis, r.	4 "
Nephrectomy, right, old	"

Other contributory causes of importance:

Was an operation performed? yes Date of 7-23-36

For what disease or injury? Uremia and obstruction of r. kidney.

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel A. Yeatts Jr. M. D.

(Address) Johns Hopkins Hospital

F 26192

26192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sarah May Gurney

(a) Residence: No. ..... Jessup, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) Nov 30th 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

13. NAME John T. Gurney

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Willie George

16. BIRTHPLACE (city or town) (State or country) Zoppwells Va.

17. INFORMANT John T. Gurney
(Address) Jessup Md

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Aug 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22 1936, to Aug. 1 1936

I last saw h[illegible] alive on Aug. 1 1936 Death is said to have occurred on the date stated above, at 8:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	7/17/36
Streptococcus Septicemia	7/25/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/31/36

For what disease or injury? Purulent Arthritis

Name of operation Arthrotomy Date of 7/31/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Selman, M. D.

(Address) .....

Transband 1219 Poplar Grove St Left 93

F 26193

26193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 W. Fayette St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Lewis Southard

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2502 W. Fayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary C. Southard

6. DATE OF BIRTH (month, day, year) Jan 24th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorater & Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fowler 0053

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary C. Southard

(Address) 2502 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 3rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 8-3-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18 1936 to July 31 1936.

I last saw him alive on July 31 1936. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	
Dilatation of Heart	✓
Other contributory causes of importance:	
General Arteriosclerosis	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward L. Packard M. D.

(Address) 1219 Poplar Grove

6194

✓ F 26194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 East 28th St., 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Burton Botts If U. S. Veteran specify War Record

(a) Residence; No. 314 East 28th St., ... Ward. .....
(Usual place of abode) 1542 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed or divorced (HUSBAND or WIFE) of Rev. David O Botts

6. DATE OF BIRTH (month, day, year) March 2-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Chester Pa

MOTHER FATHER

13. NAME Thacker Smith

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Daisy B Watterson

(Address) 314 East 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington Harford Co Md Date 8/3 1936

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

20. Filed 8-3-1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936 to August 1, 1936.

I last saw ... alive on July 28th 1936. Death is said to have occurred on the date stated above, at 1145 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cranitus	
Coma.	
Carcinoma intestine	

Other contributory causes of importance:

Senility, arteriosclerosis

No.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter E Wroth M. D.

(Address) 7314 - 20th North Ton.

Washington Co Md

(Needle)

6195 — L. F. S.—500 Bks.

F 26195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Linden ST., 11 — H WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joanna Haynes

(a) RESIDENCE NO. 1118 Linden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Haynes

DATE OF BIRTH (month, day, and year) Dec 12-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Caroline Co, Md.

10 NAME OF FATHER unknown Holliday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne Co. Md.

12 MAIDEN NAME OF MOTHER Joanna Holliday

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne Co Md.

Informant Daughter

(Address)

Filed 8-2-1936 Huntington for Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31-36

17 I HEREBY CERTIFY, That I attended deceased from July 15-36, 19..., to July 31-'36, that I last saw h[illegible] alive on " , 19

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H M Carlson M. D.

7-31-36 (Address) 524 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul's Cemetery Denton, Md.

DATE OF BURIAL 8/3/1936

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 631 Druid Hill

F 26196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Bagent (BAGENT)

(a) Residence: No. 3133 Mc Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Bagent

6b. DATE OF BIRTH (month, day, year): April 1st Autumn 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER'S FATHER'S

13. NAME: Robey Easton

14. BIRTHPLACE (city or town) (State or country): Maryland.

15. MAIDEN NAME: Esther E. Eastwood

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Goodwood Date: Aug 2 1936

19. UNDERTAKER: Easton Sons

(Address) Edmondson Ave

20. FILED: 8-1-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/25/36 to 7/30/36

I last saw her alive on 7/30/36 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the gallbladder	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7/29/36

For what disease or injury? Carcinoma of gallbladder.

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) Union & Fayette

M. D. Publishing Co. 26197

F 26197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH 6.35 A.M.
CITY OF BALTIMORE: Cut Patterson Park. St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Shaeffer

(a) Residence: No. 2024 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane

6. DATE OF BIRTH (month, day, year) Nov 27 '91

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical 1004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Car Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

FATHER

13. NAME Harry K.

14. BIRTHPLACE (city or town) Westminster
(State or country)

MOTHER

15. MAIDEN NAME Mary Eckenrode

16. BIRTHPLACE (city or town) Carroll Co.
(State or country) Md.

17. INFORMANT J. B. Shaeffer (Brother)
(Address) Westminster, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Westminster, Md.
Place Union Cem. Date Aug 4 1936

19. UNDERTAKER J. Bond & Son
(Address) Westminster, Md.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Fractured Skull	
(b) Drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury July 2 1936

Where did injury occur? Bath Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Swimming Pool, Patterson Park

Manner of injury Diving Board (Hit by Polarbear)

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave

F 26198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26198

CERTIFICATE OF DEATH

X 157D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delores Worley

(a) Residence: No. Union Mills MD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2½	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Littletown Pa
(State or country)

13. NAME Harry Worley

14. BIRTHPLACE (city or town) Hanover Pa
(State or country)

15. MAIDEN NAME Marie Plunkert

16. BIRTHPLACE (city or town) Littletown, Pa
(State or country)

17. INFORMANT Marie Worley
(Address) Union Mills MD

18. BURIAL, CREMATION, OR REMOVAL
Place Littletown Pa Date Aug 4 1936

19. UNDERTAKER J. W. Little
(Address) Littletown Pa

FILED 8-1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 27 1936. to August 2 1936.
I last saw her alive on August 2 1936. Death is said to have occurred on the date stated above, at 9:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atresia or Congenital Absence of Biliary Tract.	

Other contributory causes of importance:

Was an operation performed? Yes Date of August 1 1936

For what disease or injury? Atresia or Congen. tal Absence of Biliary Tract.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. K. Wallace M. D.
(Address) University Hospital

26199 F 26199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. 15325

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? 80 yrs. mos. ds.

2. FULL NAME Leone, Vincent

(a) Residence: No. 2904 Inglewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angeline Leone (deceased)

6. DATE OF BIRTH (month, day, year) 3-1-58

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Lorenzo Leone (deceased)

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Domenica

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A. A. Aug. 4 1936

19. UNDERTAKER Gould Keller Hall
(Address) 52 N. Morley St.

20. FILED 19 3-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1936 to 8-1, 1936.

I last saw h IM alive on 8-1, 1936 Death is said to have occurred on the date stated above, at 6 00 A.M.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Apr. 1936
Arteriosclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

M. D. B. 1268-9

Minerva Yingling ✓

F 26200 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26200

CERTIFICATE OF DEATH X 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary St., 6-5 (Ward) F 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Minerva Yingling

(a) Residence: No. Liber Spring Rd. Arbutus Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Yingling

6. DATE OF BIRTH (month, day, year) July 5, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1039

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Clara Rider

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Deceased. Hospital

(Address) Liber Spring, Arbutus Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Thursday Aug 6 '36

19. UNDERTAKER Wm. L. Gregg & Son

(Address) Elkridge, Md.

20. FILED ... 19... Registrar

AUG 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936, to August 2, 1936

I last saw her alive on August 2, 1936 Death is said to have occurred on the date stated above, at 11:00 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 9/1/32 ?

Diabetes Mellitus

Other contributory causes of importance:

Arteriosclerotic heart disease

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. L. Ackerman M. D.

(Address) Church Home & Infr.

26201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26201

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Life Ward) 28-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Milton J. Kuark

(a) Residence: No. 3300 Hillsdale Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of): Mary Kuark

6. DATE OF BIRTH (month, day, year): Dec. 22, 1881

7. AGE: Years 54 Months 7 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired City Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Edward W. Kuark

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah Elizabeth Higgs

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Hosp Records.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Aug. 4, 1936

19. UNDERTAKER (Address): Wm. J. Tickner & Son North & Pa Ave.

20. FILED AUG 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to August 1, 1936

I last saw h.. alive on July 31, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset July 28, 1936

Pyelonephritis, Acute — Date of onset June, 1936

Nephrolithiasis, Rt. — (Cont)

Other contributory causes of importance:

Pneumonia — Date of onset July 30, 1936

Septicemia, pneumococcus — Date of onset July 28, 1936

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ben Klotz M. D.

(Address) Med. Arts Bldg

26262 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 26262

CERTIFICATE OF DEATH

932

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2004 Kennedy ave. Ward) 9 8

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clentonia C Gardner.

(a) Residence: No. 2004 Kennedy ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Edward Gardner.

6. DATE OF BIRTH (month, day, year) Aug 20-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Jetson Gill

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Stauffer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs J P Wilson

(Address) 2004 Kennedy ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hampstead Md Date Aug 4 1936

19. UNDERTAKER Edward F Tipton

(Address) Hampstead Md.

20. FILED AUG 3 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1935 to Aug 1 1936

I last saw her alive on Aug 1 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	1920
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John A Fisch M. D.

(Address) 936 E Monument St

26203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26203

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 Colvin St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary T. Taylor

(a) Residence: No. 148 Colvin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	b	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Taylor

6. DATE OF BIRTH (month, day, year) 1887

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William T. Taylor

(Address) 148 Colvin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 8-3- 1936

19. UNDERTAKER Boyd & Mamie M. Wright

(Address) 12 W. McElderry St

20. FILED 8-3- 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to July 30 1936

I last saw h alive on July 29 1936 Death is said to have occurred on the date stated above, at 6:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	July 31 36
Contributory	
Other contributory causes of importance:	

Was an operation performed? —— Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. F. Allen, M. D.

(Address) 50 Jas. Pratt St

26204 F 26204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 E. Fayett St. St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachel E. Nuensinger

(a) Residence: No. 2105 E. Fayett St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Nuensinger

6. DATE OF BIRTH (month, day, year) July 10/1804

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Tully

14. BIRTHPLACE (city or town) (State or country) BaltomMd.

MOTHER

15. MAIDEN NAME Laura Brooks

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Nuensinger (Hus)
(Address) 2105 E. Fayett St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date. Aug. 4 36

19. UNDERTAKER Fitts & Tyler Inc
(Address) 402 N. Pine St.

20. FILED 8-3 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 36 to Aug 1 36

I last saw her alive on July 31 36 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

Uraemic Coma 7/1/36

Other contributory causes of importance:

Carcinoma of Rectum 1933

Hysterectomy 1933.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Cancer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Hall Rathbun M. D.

(Address)

26205 ✓ E 26205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 15-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fayette A. Shipley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1924 Walbrook St., Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Caroline Shipley

6. DATE OF BIRTH (month, day, year) Sept 7th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	(72)	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard County Md.

FATHER

13. NAME Joshua Shipley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mabel Schaefer

(Address) 1924 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8/3/36

19. UNDERTAKER J. D. Waesche & Son

(Address) 305 Eutaw Place

20. FILED 8-3-1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31/36

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936 to July 31, 1936

I last saw him/her alive on July 31, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	?

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. L. Ewald Jr. M.D.

(Address) Maryland Gen. Hosp.

26206 F 26206

H.D. Form 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 E. Fayette St. St., 6-4 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas. Wm. Schemmant Schemmant If U. S. Veteran specify WAR .....

(a) Residence: No. 2032 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Schemmant

6. DATE OF BIRTH (month, day, year) Sept. 15/891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44 5	9 10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6050

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas. Schemmant

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Crone

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mildred Schemmant
(Address) 2032 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 3, 19 36

19. UNDERTAKER Philip J. Krug Sons
(Address) 2316 Eutaw St

20. FILED ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:
Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner
(Address) 1918 E. North Ave.

3-1936

M. D. B. 1268-b

F 26207 ✓ F 26207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 425 Loveland Ave St., (Ward) 28-1

Length of residence in city or town where death occurred 26 yrs. 9 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Buescher No War

(a) Residence: No. 425 Loveland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Gustave A Buescher

6. DATE OF BIRTH (month, day, year) Oct 4-1850

7. AGE Years 85 Months 9 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gustave A Buescher (Address) 425 Loveland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 5 1936

19. UNDERTAKER Certain & Otte (Address) 2338 E Chase St

Aug 3-1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to ~~July~~ Aug 1936

I last saw her alive on Aug 1 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	several yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was case confirmed by autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

I) Henry Russell M. D.

(Address) 3802 Frankford Ave

F 26208 ✓ F 26208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3343 Chestnut Ave. St., 13-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Eulalia Hushen — If U. S. Veteran specify WAR

(a) Residence: No. 3343 Chestnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of late John W. Hushen

6. DATE OF BIRTH (month, day, year) Jan. 4, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Daniel Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Tommy

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Margaret Bringman
(Address) Roanoke Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Roanoke Va. Date Aug. 3, 1936

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 512 Hollins St

FILED AUG 3 1936, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 — 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936 to Aug 1, 1936

I last saw h[illegible] alive on Aug 1, 1936. Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Paral[illegible] of the Insane	?
Senile Dementia	?

Other contributory causes of importance:

Arterio Sclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
not If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

26209 ✓ F 26209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 4C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs. Frank S. Polasik

(a) Residence: No. 2104 Eastern ave St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of ~~WIFE of~~ Late Magdalena Polasik

DATE OF BIRTH (month, day, year) December 30-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R Co?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Posan Poland

13. NAME Anthony Polasik

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jadwiga ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Polasik - Son.
(Address) 2104 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Aug 4th 1936

19. UNDERTAKER George A. Weber.
(Address) 705 S. Arlington Ave

Registrar.

AUG 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936 to Aug. 1, 1936.
I last saw him alive on Aug. 1, 1936 Death is said to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia-Bilateral	
Advanced Pulmonic Tuberculosis	
	over

Other contributory causes of importance:

Probably Metastatic Malignancy to cervical glands	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (Specify)

Signed) H. W. Robinson Jr. M. D.

(Address) Nursing Hospital

F 26210 ✓ F 26210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Calder Cantwell If U. S. Veteran specify WAR .....

(a) Residence: No. 552 Radnor Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Bessie Henry Cantwell

6. DATE OF BIRTH (month, day, year) Oct 26, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month, year) Jan. 1934

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

FATHER

13. NAME John R. Cantwell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary S Ird

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) John R. Cantwell 552 Radnor Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug. 3 1936

19. UNDERTAKER (Address) E. Leroy Stuffley, Inc. 125 E. North Ave.

AUG 3 - 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1935 to July 31 1936

I last saw h alive on July 31 1936 Death is said to have occurred on the date stated above, at 8 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary arteriosclerosis	?
Angina pectoris	1934
Coronary Thrombosis	Mar. 31
Myocardial degeneration	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold N. Fox, M. D.

(Address) Union Memorial Hosp.

M. D. B 1268-9

F 26211

26211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William G. Hubbard.

(a) Residence: No. 4012 Northern Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Sallie L. Hubbard.

6. DATE OF BIRTH (month, day, year) October 13, 1872 (1873)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 ~~63~~	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pattern Shop. (086)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbott Co. Md.

FATHER

13. NAME John T. Hubbard.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Gworgeanna Coffin.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Sallie L. Hubbard. (wife)

(Address) 4012 Northern Parkway.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cem. Date Aug 3, 1936

19. UNDERTAKER John P. Denny

(Address) 715 Light St.

20. 1936 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrimbosis.	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Otto M. Reinhardt M. D.

Coroner

8/3/36 (Address) 1017 S. Charles St.

26212 F 26212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

#15138 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., Ward) 8-7

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Smith

(a) Residence: No. 2014 E. Hoffman St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rosa

6. DATE OF BIRTH (month, day, year): 1-2-1871

7. AGE — Years: 65; Months: 6; Days: 2; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

13. NAME: George

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Mary Knighton

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Morelands Mem. Park Aug 5 '36

19. UNDERTAKER: John Ellerich
(Address) 2008 Orleans St

20. FILED: AUG 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 2, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1936 to 8-2, 1936

I last saw h. / M alive on 8-2, 1936 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophic Cardio-Vascular Renal — Date of onset: May 1926
Arterio Sclerosis
Cerebral Arteriosclerosis

Other contributory causes of importance:

Cerebral Hemorrhage — 1933

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rayner M.D.

(Address) Baltimore City Hospitals

✓ F 26213

26213 HEALTH DEPARTMENT—CITY OF BALTIMORE

91a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1709 Crystal ave St., 8-6 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Ellen Van Court

(a) Residence: No. 1709 Crystal ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2/26/1916

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Howard B Van Court

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary E Gams

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs Mary E Van Court

(Address) 1709 Crystal ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Aug 4, 1936

UNDERTAKER John Ullrich

(Address) 2008 Orleans St

FILED 8-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 st 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to 8/1, 1936

I last saw h[illegible] alive on 7-31, 1936. Death is said to have occurred on the date stated above, at 8.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Viridens septicaemia Endocarditis.	7/6/36
Other contributory causes of importance: Toxaemia	over

No

Was an operation performed? ..... Date of .....

For what disease or injury? —

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George a Bowden M. D.

(Address) 1516 E. North Ave,

Spec.—1-12-23—M&T—500 Bks.

✓ F 26214

26214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 McCulloh ST., ... WARD)

2-FULL NAME Infant Berns 14-3

(a) RESIDENCE NO. 1910 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas S. Berns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alberta Starin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Thomas S. Berns
(Address) .....

15 F. 1935 2501 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1936

17 I HEREBY CERTIFY, That I attended deceased from July 31 1936 to Aug 2 1936
that I last saw h[illegible] alive on Aug 1 1936
and that death occurred, on the date stated above, at 2 A.M. m.

The CAUSE OF DEATH* was as follows:

Premature birth
Gestation less than 6 months

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. V. Coleman, M. D.

Aug 2 1936 (Address) 1934 McCulloh.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Burial Ground — DATE OF BURIAL Aug 3 1936

20 UNDERTAKER Commissioner Health — ADDRESS .....

F 26215

26215 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

14523 51a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fletcher, Venable

(a) Residence: No. 916 Whatcoat St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Holland Venable

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Soakie Dodson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. W. Mid. School Date Aug 3rd 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED 19 Registrar.

8-3-1936 2503

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1936 to 7-28, 1936

I last saw h[illegible] alive on 7-28, 1936 Death is said to have occurred on the date stated above, at 8:0 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma with metastasis	1/5.
Anemia, Secondary	1/5.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Rainey M. D.
(Address) Baltimore City Hospitals

✓ F 26216

26216 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 26-1295B

Registered No. 12560

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bennett

(a) Residence: No. 915 Shuck St. (D) St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
91	90			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Solomon Bennett

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date Aug 3 19 36

19. UNDERTAKER
(Address)

FILED 19 Registrar.

8-1936 2504

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1935, to 7-29, 1936

I last saw him alive on 7-29, 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7-29-36
Hypertensive Cardio-vascular Disease — Unknown
Other contributory causes of importance:
Arteriosclerosis — Unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey, M. D.

(Address) Baltimore City Hospitals

15435 ✓ F 26217

26217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 21 Ward) 26-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Wright

(a) Residence: No. none St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-2-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME James

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date Aug 3rd 1936

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED ... 19 ... Registrar.

1936

2505

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-31-1936 to 8-2-1936

I last saw h. l. M. alive on 8-2-1936 Death is said to have occurred on the date stated above, at 12:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia with bacteremia	7-25-36
Emphysema of Lungs	Unknown
Arteriosclerosis	"

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

✓ F 26218

26218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

12707 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward) 15-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1882 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis H. Davis

(a) Residence: No. 1363 N. Carey St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) ~~1847~~ 1862

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~89~~ 74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co., Va.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Polly

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL 8/16/36
Place Bapt. Lantern Med School Date Aug 3 1936

19. UNDERTAKER Kate R. Woodall
(Address) Per Wm E Woodall

20. FILED 19 Registrar.

- 1936
2506

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/1936

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1932 to 7-28, 1936

I last saw him alive on 7-28-, 1936 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-27-36
Hypertensive Cardio-Vascular Disease	Unknown
Other contributory causes of importance: Old bilateral Cerebral Hemorrhages	"

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

26219 # 8955 F 26219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., ... Ward) 26-12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Wolfe

(a) Residence: No. none (Usual place of abode) St., ... Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E.

6. DATE OF BIRTH (month, day, year) 1-19-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John H., Sr.

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Caulk

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Med School Date Aug 3 1936

19. UNDERTAKER Health Dept (Address)

1936

2507

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/36

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1933 to 7-31 1936

I last saw h/l M alive on 7-31 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7-31-36

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

F 26220
31662

HEALTH DEPARTMENT—CITY OF BALTIMORE

F26220

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 8-7

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Cox

(a) Residence: No. 1706 Llewellyn ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-28-22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Manson Cox

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fannie Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 8/4 1936

19. UNDERTAKER Jos. E. Locke
(Address) 1322 Jefferson St

FILED 8-3-1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1-1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to August 1, 1936
I last saw her alive on August 1, 1936 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	7-20-36
Pulmonary tuberculosis	7-29-36
Other contributory causes of importance: Intestinal obstruction	7-29-36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? → Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Frederick C. Alberty, M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 26221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26221

94a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 W. Biddle St., 11-4 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roland C. Thompson

(a) Residence: No. 308 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lotta Thompson

6. DATE OF BIRTH (month, day, year) May 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanshaw Miss.

FATHER

13. NAME Thompson

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Cecilia Johnson

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Lotta Thompson

(Address) 308 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/4 19 36

19. UNDERTAKER Mrs. Kate F. Hilland

(Address) [illegible]

20. 8-1936 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Mann M. D.
Coroner

(Address) 1315 Hanover

Spec. 2 Wyo. Co. 200 Bks.

F 26222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

$5

F 26222

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1406 Argyle Ave St., Ward) 14-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Hunt

(a) RESIDENCE NO. 1406 Argyle Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	47	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 0040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Homestead Pa

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (City or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Nellie Lawrence

(Address) 1406 Argyle Ave

Filed AUG 3-1936, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 7-30-36

17 I HEREBY CERTIFY, That I attended deceased from 7-27, 1936 to 7-30, 1936

that I last saw him alive on 7-30, 1936

and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows: Epilepsy

(duration) 1 yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Dyslocation of Jaw while in bed. not due to any injury. Dislocation occurred during an attack of Epilepsy

(duration) yrs. mos. ds.

18 If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) W. Atwell Jones M. D.

, 19 (Address) 1123 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — Date of Burial: Aug 3rd 1936

20 UNDERTAKER: Elroy O Wilson — ADDRESS: 1000 Brantley

Very Important. See Instructions on back of certificate.

F 26223

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 5-23 26223

CERTIFICATE OF DEATH

157 D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 10-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Datcher

(a) Residence: No. 805 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/26/36

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) Md
(State or country)

13. NAME Hamel Datcher

14. BIRTHPLACE (city or town) Ala
(State or country)

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Aug 3 19 36

19. UNDERTAKER [illegible]
(Address)

FILED 19 [illegible] Registrar.

8 - 1936

2509

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 10:30 A.M., July 23. 1936. to 4:00 P.M. July 23 1936.

I last saw him alive on July 23 . 1936 Death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated right inguinal hernia	

Other contributory causes of importance:

Was an operation performed? yes Date of July 23 1936

For what disease or injury? Strangulated hernia

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Wm C. Hopkins, Jr. M. D.

(Address) Johns Hopkins Hospital

26224 F 26224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

$20

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Dolphin St., 17th Ward)

Registered No. 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie F. Bowers

(a) Residence: No. 700 Dolphin St., 17th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Bowers

6. DATE OF BIRTH (month, day, year): Oct. 14 1887

7. AGE: Years 48; Months 9; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Fredericksburg Va.

MOTHER

13. NAME: Ralph Bowers

14. BIRTHPLACE (city or town) (State or country): Fredericksburg Va.

FATHER

15. MAIDEN NAME: Annie Graff

16. BIRTHPLACE (city or town) (State or country): Fredericksburg Va.

17. INFORMANT (Address): Mrs. Mitchell Bowers 700 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL: Interment Place Northumberland Va. Date Aug 4, 1930

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

FILED Aug 3 1930, [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 1, 1930

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1930, to Aug 1, 1930

I last saw her alive on Aug 1, 1930. Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-29-30
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles T. Woodley, M. D.

(Address) 861 Harlem Ave

✓ F 26225

26225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. 13-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4129 Roland Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH G. OUELLETTE.

(a) Residence: No. 4129 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James M. Ouellette

6. DATE OF BIRTH (month, day, year) January 12th. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7 6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Gleason

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Hutton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Edwin J. Parrock

(Address) 4129 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Detroit Mich. Date August 4th. 36

19. UNDERTAKER Chas. H. Sauer & Son

(Address) 118 W. Mad. Boulevard.

8-1936 Registrar. 0078

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2nd. 36

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1935 to August 2, 1936

I last saw h[illegible] alive on Aug 28, 1936 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 General Arteriosclerosis	Unknown
Other contributory causes of importance: Cardiac Renal Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. R. Goodwin M. D.

(Address) 2923 Linwood St

F 26226

26226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
Specify WAR

2. FULL NAME Dola Holbrook (Annadale Apts)

(a) Residence: No. Anna Belle Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 19

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0670

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Isidor Rosenthal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Jessie Holbrook

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Maggie

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Isadore Rosenthal
(Address) Anna Dale Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Prince Anna md Date 8-4 19 36

19. UNDERTAKER Isaac Hayes
(Address) 142 Eutaw St

20. FILED [redacted]

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5 days

Other contributory causes of importance:

Was an operation performed? Yes Date 8/1/36
For what disease or injury Intest. Obst.
Name of operation Removal of Gangrenous Portion Date 8/1/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Irvin B Wallace M. D.
(Address) 1031 St Paul St

M. D. P. 1268-9

26227 ✓ F 26227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH West Baltimore General Hospital — Registered No.

CITY OF BALTIMORE: (No. Dutceland & Ridgely St., 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward T. Nazarenus — No War Record

(a) Residence: No. 1236 Ridgely St., Ward. 4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 18th 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert P. Nazarenus

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Muller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Muller
(Address) 1236 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 5th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 4-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to August 2, 1936
I last saw him alive on July 2, 1936. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1920

Other contributory causes of importance:

Acute Cardiac Dilatation	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If [illegible]

(Signed) [illegible] M. D.
(Address) West Balto Gen'l Hosp

F 26228

F 26228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122a

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. 231

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie Tranberg — If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 Race St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, divorced~~ (or) WIFE of the late Daniel P. Tranberg

6. DATE OF BIRTH (month, day, year) May 16th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

MOTHER FATHER

13. NAME Frank Webb

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

15. MAIDEN NAME ? Sheppard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Agnes Eline
(Address) 1403 Race St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 5th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [redacted] Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936 to August 3, 1936

I last saw her alive on August 3, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
STRANGULATED HERNIA- Right Inguinal	7.17.36
Terminal BRONCHOPNEUMONIA	8/2/36

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Yes Date of 7/18/36

For what disease or injury? INCARCERATED & STRANGULATED HERNIA

Name of operation? First stage Laparotomy Date of 7/18/36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Wall, M. D.

(Address) So Balto Gen Hosp

C Edward Sutch.

F 26229 ✓ F 26229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 114B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Wel-Sen. (Hosp St) 11-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr Edward Sutch

(a) Residence: No. Rolling Rd & Sebalty St Hughsville Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Sutch

6. DATE OF BIRTH (month, day, year) Oct. 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Charles E. Sutch

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maryann Hilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Helen Sutch

(Address)

18. BURIAL, CREMATION, OR REMOVAL Aug 4 36

Place Mt Gilead Perp Foundation

19. UNDERTAKER W. S. Marshall

(Address) 3339 Falls Road

20. FILED 19 Registrar.

AUG 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-27-36 19 to Aug 1 1936

I last saw h.i.M. alive on Aug 1 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of neck	6-27-36
Multiple lung abscesses	7-20-36?

Other contributory causes of importance:

over

Was an operation performed? Yes Date of June 28 36

For what disease or injury? Cellulitis of neck.

Name of operation Incision & drainage Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. P. Stapleton M. D.

(Address) Wel-Sen. Hosp.

F 26230

F 26230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2357

If U. S. Veteran specify WAR .....

2. FULL NAME John Sieroux.

(a) Residence: No. 900 Bevan St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Minnie Sieroux.

6. DATE OF BIRTH (month, day, year) June 9, 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Minnie Sieroux. (wife)
(Address) 900 Bevan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Harleton Down Date Aug 4, 1936

19. UNDERTAKER Peter F. Denny
(Address) 712 Linden Ave.

20. FILED AUG 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Larynx.	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hospital Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Otto M. Reinhardt, M. D.
Coroner

8/3/36 (Address) 1017 S. Charles St.

26231 ✓ F 26231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

Registered No. 15141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Worthington (Wortham)

(a) Residence: No. 1128 Mosher St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec ~~1861~~ 25, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~45~~ 59		7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME David Worthington (deceased)

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/4/36

19. UNDERTAKER Thomas E. Robinson
(Address) 1305 Pleasant

20. FILED ..... 19..

8/4/1

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1 .1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14 .1936 to 8-1 .1936

I last saw him alive on 8-1 .1936 Death is said to have occurred on the date stated above, at 6:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Carcinoma Colon with	
Perforation	?
Localized Peritonitis	
Intestinal Obstruction	3 days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-30-36

For what disease or injury? Carcinoma of Colon.

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... .19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. L. Brantigan M. D.

(Address) Broadway Baltimore City Hosp.

M. D. R. 1368
26232

F 26232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Edmondson Ave St., ... Ward) 17-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boyd

(a) Residence: No. 711 N. Edmondson ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Aug. 1 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Carrie Boyd

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Agnes Boyd (Address) 711 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/4 1936

19. UNDERTAKER Lazarus & Chase Sons (Address) 628 N. Eutaw St.

FILED AUG 4 - 1936 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... whereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Hayes M. D. Coroner

(Address) 125 Hanover

Spec.—9-36—A. & Co.—250 Bks.

✓ F 26233

F 26236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 535 N. Stat St. WARD) 21-1

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Harris

(a) RESIDENCE NO. 535 N. Stat ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	4	7/26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 00+0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mc Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Bertha King
(Address) 1109 Mansfield St

15 Filed [illegible] 19 [illegible] Registrar

4 - 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3-36

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to Aug 3, 1936
that I last saw h[illegible] alive on Aug 3, 1936
and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Dysentery

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. G. Lupkin M. D.

8-3, 1936 (Address) 501 N Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. M. Auburn — DATE OF BURIAL 8/5 1936

20 UNDERTAKER Sam'l. M. Chase & Son — ADDRESS 638 N. Eutaw

26234 F 26234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51C

Registered No. 14920

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Fuhrman

(a) Residence: No. 3506 Hickory Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Fuhrman

6. DATE OF BIRTH (month, day, year): 12-15-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: William Fuhrman (deceased)

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Franks

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place St. Marys (Cemetery) Date Aug 4 1936

19. UNDERTAKER: Franklin W. Leitz
(Address) 814 West 36th St.

20. FILED 1936 Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-1-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-30-1936 to 8-1-1936.

I last saw h. alive on 8-1-1936 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with Metastasis	?
Other contributory causes of importance: Bronchopneumonia	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. G. Brautigam M. D.

(Address) Baltimore City Hosp

26235 ✓ F 26235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 E. Chase St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James P. Lavery

(a) Residence: No. 829 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single 1886

6. DATE OF BIRTH (month, day, year) June 4, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboring Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) 7/31/36

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER'S FATHER'S

13. NAME James F. Lavery

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary A. O'Hanlon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Lavery (wife)
(Address) 829 E. Chase

18. BURIAL, CREMATION, OR REMOVAL Mount Cathedral Cemetery Date Aug. 6, 1936

19. UNDERTAKER Elmer W. Corkle
(Address) 924 E. Eager St.

20. FILING DATE Aug 5 1936 [illegible]

1556

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936 to Aug 3, 1936

I last saw h[illegible] alive on July 29, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
40 Cerebral Hemorrhage	July 31
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard Wess M. D.

(Address) 1716 E. Calvert St.

26236 ✓ F 26236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 14427

1. PLACE OF DEATH

27-18

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME Goldie Kamanitz

(a) Residence: No. 3313 W. Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted] Simon

DATE OF BIRTH (month, day, year) April, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Matupsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Sinai Date 8/4/36

UNDERTAKER Jack Levin Co.
(Address) 1439 E. Baltimore St.

FILED AUG 4 - 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-30-1936 to 8-3-1936

I last saw her alive on 8-3-1936. Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary	8-1-36
Hypertensive Cardio-Vascular disease with Congestive failure	May 1936
Other contributory causes of importance:	
Arteriosclerosis	Unknown
Arteriolar Nephrosclerosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospitals

26237 F 26237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Sinai Hospital St. 8-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mrs. Sadie Holtzman

(a) Residence: No. 1332 N. Bond St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Holtzman

6. DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	47			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Reuben Lubowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Selma Leon
(Address) 1332 N. Bond

18. BURIAL, CREMATION, OR REMOVAL Sinai Rm Date 8/5/36

19. UNDERTAKER Jack Levin Sons
(Address) 1439 E. Baltimore St

20. FILED 4-1936 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936 to Aug. 4, 1936 last saw her alive on Aug. 4, 1936 Death is said to have occurred on the date stated above, at 12:20 m. daylight

The principal cause of death and related causes of importance were as follows: Subarachnoid Hemorrhage — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

✓ F 26238

26238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Barre St. St., 22 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 14 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Travers

If U. S. Veteran specify WAR .....

(a) Residence: No. 636 Barre St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 22, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	14	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Robert Thavers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Hilda Walters

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Robert Travers

(Address) 636 Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Cmty Date Aug 5 1936

19. UNDERTAKER Walter B Smith's Sons

(Address) 138 W Hamby St

20. FILED Aug 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] Coroner. M. D.

(Address) 2737 W. North Ave

26239

(3 [illegible] 1268-9

F 26239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. 18-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isbella Corbin

(a) Residence: No. 935 Page Ct. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Corbin

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louis Corbin

(Address) 945 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Aug 5 1936

19. UNDERTAKER Bernard P. Medusky

(Address) 618 Druid Hill Ave

20. FILED [illegible]

G4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lung	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, Homicide Aug. 1936 19

Where did injury occur? 935 Page Ct. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Per Purse (Entrance)

Manner of injury Stabbdd

Nature of injury Stab wound of Lung

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Schaeffer M. D.

Coroner

(Address) 2757 N. Howard

26240 ✓ F 26240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH — Registered No. 19-2

CITY OF BALTIMORE: (No. Good Shepherd Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Carroll — If U. S. Veteran specify WAR

(a) Residence: No. 1620 W. Lexington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

13. NAME William H. Carroll

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

15. MAIDEN NAME Louise Jason

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Barbara Young (Sister) (Address) 1228 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Western Star Date 8-4-1936

19. UNDERTAKER Mrs. Geo. E. Colburn (Address) 1638 Druid Hill Ave

20. FILED [illegible] Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to July 31, 1936. I last saw him alive on July 31, 1936. Death is said to have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Coma)	7/19/36

Other contributory causes of importance:

Senility 7/25/36
Laceration of Head (due to Fall)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 15, 1936

Where did injury occur Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell Injured Head

Nature of injury Causing Laceration

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Lafoest M. D.

(Address) 822 N. Bond Street

6241 F 26241

3 14 881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 14-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hermina Carberry

(a) Residence: No. 1929 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-25-15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Clarence Carberry

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Helen (?)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place Mem. Cathedral Date 8/6/36

19. UNDERTAKER Mrs. Geo. C. Holland

(Address) 1631 Druid Hill Ave

[illegible] Registrar.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to Aug 2, 1936

I last saw her alive on August 2, 1936. Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 2 months ago

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

- 1936

M. 6-28-1934 20242 F 26242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. .... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? 44 yrs. 3 mos. ....ds.

2. FULL NAME James Redmond

If U. S. Veteran specify WAR ....

(a) Residence: No. 2001 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

MOTHER FATHER

13. NAME James Redmond

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME Susie Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nellie Redmond (Sister)
(Address) 2001 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 8-5- 1936

19. UNDERTAKER Mrs. Geo. Ross Holland
(Address) 1651 Pennsylvania Ave

20. FILED ....., 19.... Registrar.

64-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) A. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

M. D. B 1268-9

26243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26243

CERTIFICATE OF DEATH

82a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2547 Hillsmith Rd St., 28-3 Ward)

Length of residence in city or town where death occurred 16 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Strueder

(a) Residence: No. 2547 Hillsmith Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR or RACE: White | 5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married.

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Lola Strueder

6. DATE OF BIRTH (month, day, year) Jan 16. 1872

7. AGE: 64 Years | 6 Months | 17 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0043

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Victor Strueder

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mat Kunn

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lola Strueder
(Address) 2547 Hillsmith Rd.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Date 9/6/36 19

19. UNDERTAKER Geo H. Leimbach
(Address) 1518 Eastern Ave

Registrar.

8-4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1936 to Aug 3 1936

I last saw him alive on Aug 3 1936 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 hrs

Other contributory causes of importance:

High Blood Pressure and Hardening of Arteries

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo H Leimbach M. D.

(Address) 1500 Whitelock Rd

F 26244 ✓ F 26244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1451 Lorman St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carolyn Deboe

(a) Residence: No. 1451 Lorman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Deboes

6. DATE OF BIRTH (month, day, year) June 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hill S.C

MOTHER FATHER

13. NAME Robert Rockhill SC

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary Babb

(Address) 1851 Lorman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Aug 6, 1936

19. UNDERTAKER George S. Nelson

(Address) 1313 Pennsylvania Ave

FILED AUG 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/31, 1936, to 8/2, 1936

I last saw him alive on 8/2, 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
& Paralysis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Blue Kirk M. D.

(Address) 21 34 PK

Thomas ✓ F 26245

26245 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 15-1

CITY OF BALTIMORE: (No. 1308 Carey St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Thomas

(a) Residence: No. 1308 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H. Thomas

6. DATE OF BIRTH (month, day, year): July 14, 1867

7. AGE: Years 69; Months; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 0090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Joseph Pearce

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lusinda Bradley

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John H. Thomas 1308 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL: Place Laurel Cem Date Aug 6, 1936

19. UNDERTAKER (Address): George A. Nelson 1303 Pressman St

20. FILED: 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1936, to 8/1, 1936

I last saw h[illegible] alive on 8/1, 1936. Death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

Ch. nephritis 2
Uraemia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bruce Clutter, M. D.

(Address) 2 E 39 St.

M. B. F 26246 ✓ F 26246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34c - 92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 3-E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Stokes

If U. S. Veteran specify WAR .....

(a) Residence: No. 313 S. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Minnie Waters.
(Address) 313 S. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 4 1936

19. UNDERTAKER Randall D. Gregg
(Address) 1414 S. Broadway

20. 8-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Luetic Aortitis	
Aortic Insufficiency	

Other contributory causes of importance:
Pulmonary Edema.

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave.

26247

F 26247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Bond St. 6-5 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Haney

If U. S. Veteran specify WAR .....

(a) Residence: No. 217 N. Bond St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lee Haney

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Princess Ann Md

FATHER

13. NAME John Lepsher

14. BIRTHPLACE (city or town) (State or country) princess ann Md

MOTHER

15. MAIDEN NAME Celeste Lee Lepsher

16. BIRTHPLACE (city or town) (State or country) Princess Ann Md

17. INFORMANT John Lepsher husband
(Address) 217 N Bond st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 4th, 1936

19. UNDERTAKER Edgar D. Wilson
(Address) 1000 Eastern Ave

20. FILED ..... 19 .....

AUG 4 - 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia (Primary)	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Thompson, M. D.
Coroner

(Address) 1918 E. Ruth Ave.

✓ F 26248

26248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

518

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris Taylor

(a) Residence: No. 1505 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Taylor

6. DATE OF BIRTH (month, day, year) 1873

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father Alfred Taylor

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of Mother Molly

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 8/4/36

19. UNDERTAKER (Address) Joseph Levine & Bro 1439 E. Baltimore St.

8-4-1936.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936 to August 4, 1936

I last saw him alive on August 4, 1936 Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mannia	August
Carcinoma of Bladder (Vesical)	2, 1936

Other contributory causes of importance:

Myocardial Failure	7/31/36
Bronchopneumonia (Hemin	8/4/36

Was an operation performed? Yes Date of July 31, 1936

For what disease or injury? Carcinoma of bladder

Name of operation Suprapubic cystotomy Date of 7/31/36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

26249 6638 ✓ F 26249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82c

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac McIntire

(a) Residence: No. Washington-n-sq. (Usual place of abode) ..... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hattie

6. DATE OF BIRTH (month, day, year) 7/9/71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Commissioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Great Va.

FATHER

13. NAME Louis McIntire

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Mary Ann Hardesty

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Fairmount, W. Va. Date Aug 4 1936

19. UNDERTAKER John C. Mitchell & Son (Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

1936 A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27 1936 to Aug 4 1936

Last saw him alive on Aug 4 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, right lower lobe	7-31-36
	over

Other contributory causes of importance:

Focal convulsions
Hypertension

Was an operation performed? Yes Date of 7-29-36

For what disease or injury? Focal convulsions

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dave Bromberg M. D.

(Address) Johns Hopkins Hospital

F 26250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 9-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H- Green

(a) Residence: No. 2628 Boone St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara

6. DATE OF BIRTH (month, day, year) 12/21/87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna Green

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/6 1936

19. UNDERTAKER Rastrup Landon

(Address) 1413 E Preston St

20. FILED 8-6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30 1936 to Aug 3 1936

Last saw h[illegible] alive on Aug 3 1936 Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - arteriosclerotic + ? acute glomerular.	? 1936
Malignant hypertension	1936
Uremia	1936
Other contributory causes of importance: Bronchopneumonia	7-25-36

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick C. Weber Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 26251

26251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH John Hopkins Hosp — 7-5-210M

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elwood Brown — If U. S. Veteran specify WAR War

(a) Residence: No. Fallston Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — — 1894

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	42	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME Mrs. Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (City or town) (State or country) Md

17. INFORMANT Chas E Gross

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL Interment Date Aug 6 36

19. UNDERTAKER Fortney & Good

(Address) Towson Md

FILED 8-4-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3/36 5:30 PM. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	8/3/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 8/3 19 36

Where did injury occur? 1 Mile S. of Belair on Belair Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto while walking

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Stanley Auto M. D.
Coroner

(Address) 907 N. Chas.

26252 F 26252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., A Ward) 4-1

Registered No. .....
(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Wm Fox

If U. S. Veteran specify WAR .....

(a) Residence: No. 1110 H Street, Spurrier Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Oct. 28, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Samuel Fox

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Raymond

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date Aug 6 36

19. UNDERTAKER Jos Cushwa & Bro
(Address) 1819 St Paul St

20. [illegible]

21. [illegible] Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Aug. 4, 1936

I last saw him alive on Aug. 4, 1936. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure (rheumatic)	
Rheumatic C.V. disease	1920
Aortic & mitral stenosis & insufficiency	

Other contributory causes of importance:
None

Was an operation performed? no Date of ~

For what disease or injury? ~

Name of operation ~ Date of ~

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19..

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ~

(Signed) H. L. Freeman, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

✓ F 26253

26253 HEALTH DEPARTMENT—CITY OF BALTIMORE

94 B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 Hollins St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucius Zimmers

If U. S. Veteran specify WAR

(a) Residence: No. 1412 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A Manning Zimmers

6. DATE OF BIRTH (month, day, year): Apr 15 1876

7. AGE: Years 60 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Fisher

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Lucinda Bender

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: A Manning Zimmers

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: Aug 6 1936

19. UNDERTAKER: Harry N. Armacost & Son

(Address) 420 Richmond Ave

20. FILED: AUG 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
8-9 Coronary Thrombosis	36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

26254 F 26254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Egerton Place St., 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth 63 yrs. 2 mos. 4 ds.

2. FULL NAME William Martines Justis

If U. S. Veteran specify WAR .....

(a) Residence: No. 3314 Egerton Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle V. Cox Justis

6. DATE OF BIRTH (month, day, year) May 19 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry Stones

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Business 38

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation about 48 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME L. G. Justis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise M. Leano

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Myrtle M. Justis

(Address) 3314 Egerton Place

18. BURIAL, CREMATION, OR REMOVAL

Name Woodlawn Cemetery Date Aug 6 1936

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Fayette Ave

20. FILED 4 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1936 to August 3, 1936

I last saw h. alive on June 25, 1936. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Rheumatic Carditis	1936
Auricular Fibrillation	8/3/36
Heart Block	
Other contributory causes of importance:	
Arthritis Deformans -	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Stanley Edel, M. D.

(Address) 3403 Garrison Blvd

Spec.—1-30—M. & T.—250 Bks. 4005 ✓ F 26255

26255

HEALTH DEPARTMENT—CITY OF BALTIMORE

93c

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Pennhurst Ave ST., 15-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Conrad Hauser

(a) RESIDENCE NO. 4005 Pennhurst Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 20 ds. How long in U. S., if of foreign birth? 56 yrs. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Lavinia Langford Hauser

6 DATE OF BIRTH (month, day, and year): July 14, 1880

7 AGE: Years 56; Months; Days 20; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pharmacist 0025

(b) General nature of industry, business, or establishment in which employed (or employer): Pharmacy

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Conrad Hauser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Zurich Switzerland

12 MAIDEN NAME OF MOTHER: Mary Rommel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Stuttgart Germany

14 Informant (Address): Lavinia Hauser (Wife) 4005 Pennhurst

Filed 8-4-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 3/36

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to Aug 3, 1936, that I last saw him alive on Aug 3, 1936, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Cardiac failure (myocarditis)

(duration) 6 yrs. mos. ds.

over

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Fundoscopic exam.

(Signed) H. MacMurchy, M. D.

, 19 (Address) 2016 Greenmount Ave

*State the Disease Causing Death, as in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: aug 6 1936

20 UNDERTAKER: Charles S. Black

ADDRESS: 742 N. North Ave

M. D. B 1248-9

F 26256

F 26256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210G

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-10 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 46 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Mary Maranto

(a) Residence: No. 4012 Boarman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Maranto

6. DATE OF BIRTH (month, day, year) 2/15/1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Antony Maggio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta Maggio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Maranto
(Address) 4012 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 6th, 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible]

8-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3- 2:35 am, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	8/3/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/2, 1936

Where did injury occur? Baltimore & Edmondson Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Crushed & struck by automobile

Nature of injury Car overturned

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Robert Gentry Auto, M. D.
Coroner

(Address) 907 N Charles

F 26257

F 26257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5611 Belair Rd St., 26-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Edward Carl Mack

(a) Residence: No. 2853 N. Hanover St., ... Ward. Philadelphia Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret O. Mack.

6. DATE OF BIRTH (month, day, year) Aug 8, 1898.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant. 5086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gasoline Station Keeper.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Cairo Md.

MOTHER FATHER

13. NAME Hermann Mack ?

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Christina Schlattmeier

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Katherine Sullivan 5611 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL Interment Date Aug 8, 1936

19. UNDERTAKER (Address) Leonard Rusch 2400 Harford Rd.

20. FILED [redacted] 8/11

8-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936, to Aug 5, 1936

I last saw h. alive on Aug 5, 1936 Death is said to have occurred on the date stated above, at 12.10 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis 1935 (Cause)

Date of onset 1935

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation no. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no. If so, specify .....

(Signed) Albert J. Hemelfarb M. D.

(Address) 5444 Belair Rd.

M. D. H 1268-9

F 26258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Willow Ave St., 27-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmira P. Merryman

If U. S. Veteran specify WAR.....

(a) Residence: No. 523 Willow Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Robert H. Merryman

6. DATE OF BIRTH (month, day, year) June 15 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Marshall Ill.

FATHER

13. NAME Gottlieb Abel.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert H. Merryman

(Address) 523 Willow Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mountain Rest Date Aug 7 1936

19. UNDERTAKER Samuel J. Rudolph

(Address) 5800 Harford Rd.

20. FILED AUG 5 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) August 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Aug. 3, 1936

Where did injury occur? 523 Willow Ave. Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Turned on gas jets in room

Nature of injury Gas asphyxia.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenthen M. D. Coroner

(Address) 1918 E. North Ave

26259

F 26259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Kenyon Ave St., 26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maurice A. Epple

(a) Residence: No. 3020 Kenyon Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary C Epple

6. DATE OF BIRTH (month, day, year) Nov. 30, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Epple

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Bugnier

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary C Epple

(Address) 3020 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/6 1936

19. UNDERTAKER Leonard J Rush

(Address) 5305 Harford Rd

20. FILED 8-5-1936

Huntington Williams

Bode

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to Aug 3, 1936

I last saw him alive on Aug 3, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Subject ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Personal observation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Mid Ave

M. [illegible] 26260

✓ F 26260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

1. PLACE OF DEATH Franklin Square Hospital 20-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward T. Bloxon

(a) Residence: No. 1932 Hollins St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie E. Bloxon

6. DATE OF BIRTH (month, day, year) Oct. 14th 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B&O R.R.Co.,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

FATHER

13. NAME Edward C. Bloxon

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane Bailey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lillie B. Harvey
(Address) 1932 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 5 1936

19. UNDERTAKER Wareham & Dickey & Sons
(Address) Arch & Lanvale.

20. [illegible] 5-1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2nd 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said and Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	July 25th 36
([redacted])	

Other contributory causes of importance:
Fracture of left femur.

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental injury Date of injury July 1936

Where did injury occur Gilmor & Fayette (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street.

Manner of injury Walked into Street Car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1930 Edmondson Ave.

F 26261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26261

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH — Home for Aged

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave 16 St. Ward) 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura V Barrett

(a) Residence: No. 822 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W

6. DATE OF BIRTH (month, day, year) July 10 60

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsm. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Richard Mason

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Annie Bacto

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert Mason

(Address) 2465 Herrick Ave

18. BURIAL, CREMATION, OR REMOVAL Laurel Cem. Date Aug 6 1936

19. UNDERTAKER Francis A Kemsley & Co

(Address) 578 N Fremont St

20. FILED 1936 Registrar

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to Aug. 4 1936

I last saw h.. alive on Aug. 1 1936 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward L. Shattuck M. D.

(Address) 1230 Cathedral St

26262

✓ F 26262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Lewandowski

(a) Residence: No. 321 S. Chester St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Lawandowski

6. DATE OF BIRTH (month, day, year) Oct. 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	26 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mou 0047

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moulder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Lewandowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Lewandowski

(Address) 321 S Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 8/6/36, 19

19. UNDERTAKER John P. Gilbert

(Address) 644 S. Eaton

20. FILED 19 Eaton Williamson

8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. J. Allen M. D.

(Address) 2757 W. North Ave. Coroner

F 26263 ✓ F 26263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 25-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Julia McKay

(a) Residence: No. 805 Pontiac Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. McKay

6. DATE OF BIRTH (month, day, year) Feb 9, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. George Way
(Address) 308 New York Ave, Ogdensburg N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 6, 1936

19. UNDERTAKER Edgar Poulson
(Address) 3615 Chestnut Ave

FILED 5-1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to Aug 4, 1936

I last saw her alive on Aug 4, 1936. Death is said to have occurred on the date stated above, at 6.9 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Gangrene of Rt foot — Date of onset 2 mos ago

Other contributory causes of importance:

Uremia — Aug 3, 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Harry Jameson M. D.

(Address) Mercy Hospital

F 26264 ✓ F 26264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3912 Phila. Rd. St., 26-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James W. Baker

(a) Residence: No. 3912 Phila. Rd. St., ... Ward. .....
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B. Baker

6. DATE OF BIRTH (month, day, year): Oct. 15-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: James R. Baker

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Emily Bobbitt

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mary B. Baker
(Address) 3912 Phila. Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cem. Date: Aug. 5 1936

19. UNDERTAKER: C. Moller & Son
(Address) 2334 Jefferson St.

20. FILED ..... 19..... Registrar.

AUG 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1936, to 8-2-36, 19.....

I last saw him alive on 8-2-36, 19..... Death is said to have occurred on the date stated above, at 1.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	7-28-36
Other contributory causes of importance: Bronchopneumonia	7-28-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Samuel Livingston, M. D.

(Address) 3714 Park Heights Ave.

F 26265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Roland Park 27-13 — Registered No. 936

CITY OF BALTIMORE: (No. Poplar Hill Road St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? 72 yrs. 11 mos. 12 ds.

2. FULL NAME Charles Fred Hutchinson — If U. S. Veteran specify WAR NONE

(a) Residence: No. Poplar Hill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Hutchinson

6. DATE OF BIRTH (month, day, year) Aug. 22, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
72	11	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres't. of Hutchinson Bros.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufactureres 086

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 50 Yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Jesse L. Hutchinson

14. BIRTHPLACE (city or town) (State or country) Unknown New Hampshire

MOTHER

15. MAIDEN NAME Sarah Beard

16. BIRTHPLACE (city or town) (State or country) Unknown New Hampshire

17. INFORMANT Mrs. Eliz. M. Hutchinson (wife)

(Address) Phplar Hill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug. 5 . 1936

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 West North Ave.

5-1936 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D. Coroner

(Address)

F 26266

26266 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

15-1

2. FULL NAME James Kelley War Service: W.W.

(a) Residence: No. 2332 Stockton St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Davis

6. DATE OF BIRTH (month, day, year) Sept. 11, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 1023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

MOTHER FATHER

13. NAME James Richard

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

15. MAIDEN NAME Mattie Monroe

16. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 8/5 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.
Huntington Williams M.D.

20. FILED Registrar.

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8 1936 to August 1 1936

I last saw him alive on Aug. 1 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	May 1936
Tuberculosis of intestine	Terminal

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital

F 26267

F 26267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#15274

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward) 18-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Ewell

(a) Residence: No. 319 N. Schroeder St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj.

6. DATE OF BIRTH (month, day, year) 5-26-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joshua Johnson (D)

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lena Johnson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Aug 6 1936

19. UNDERTAKER (Address) Jesse St. Reddery #36 St. Bridde St.

20. FILED 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1936 to 8-3, 1936

I last saw her alive on 8-3, 1936 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Body of Uterus with Metastasis	7-1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. Brandigan, M. D.

(Address) Baltimore City Hosp.

F 26268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26268

930

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 826 N. Fremont St., 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laverne Rozier
If U. S. Veteran specify WAR

(a) Residence: No. 826 N Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write this word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Rozier

6. DATE OF BIRTH (month, day, year): Feb 16 1904

7. AGE: Years 32 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boilermaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P.R.R. 073
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Balto (State or country) Md

FATHER
13. NAME: Haught Rozier
14. BIRTHPLACE (city or town) Md (State or country)

MOTHER
15. MAIDEN NAME: Georgeanna Bevans
16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT: Myrtle Rozier 826 N Fremont Ave.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem Date Aug 5 1936

19. UNDERTAKER: Bernard V. Hensley
(Address) 818 Druid Hill Ave

20. FILED [redacted] 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 - 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936, to Aug. 2 1936
I last saw h. alive on Aug 2 1936 Death is said to have occurred on the date stated above, at 5-10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with decompensation.	?
Other contributory causes of importance:	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. Wheatley M. D.
(Address) 1230 Druid Hill Ave

B 16791 F 26269

B 26269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 46B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Pac

(a) Residence: No. 78 Ruth ave St., Edgemere Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 7-5-88

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Anthony Lewandowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Cwiriski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug. 7 1936

19. UNDERTAKER Fred W. Ozarowski

(Address) 1930 Eastern Ave.

[redacted]

8-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936, to Aug 4, 1936

I last saw her alive on Aug 4, 1936 Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach with metastases to abdominal lymph nodes

Date of onset 6 Mo. ago

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 3, 1936

For what disease or injury?

Carcinoma of the stomach

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph A. Bloomberg, M. D.

(Address) Johns Hopkins Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

F 26270 ✓ F 26270

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3406 E. Pratt ST., 26-8 WARD)

2—FULL NAME Margaret Pettroff Neubauer

(a) RESIDENCE NO. 3406 E. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of: John Neubauer

6 DATE OF BIRTH (month, day, and year): Sept 6-1879

7 AGE: Years 56 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min. 22

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS:

10 NAME OF FATHER: Henry Pettroff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katherine A. Pfeffer

(Address): 513 East 39th Street

15 [illegible]

AUG 5 - 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1936, to Aug, 1936, that I last saw her alive on Aug 4th, 1936 and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. T. D. Wack, M. D.

, 19 (Address) 513 East 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Aug 7 1936

20 UNDERTAKER: John Ullrich

ADDRESS: 2008 Orleans

26271

✓ F 26271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter C. Mc Cutcheon

(a) Residence: No. 1666 Cleftwein Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Anna L. Mc Cutcheon

6. DATE OF BIRTH (month, day, year) July 6 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		2 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown Pa.

17. INFORMANT Anna Mc Cutcheon

(Address) 1666 Cleftwein Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Aug 7 1936

19. UNDERTAKER John Ulrich & Sons

(Address) [redacted] Huntingdon Pa.

20. FILED AUG 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
(Tracheatomy tube became clogged up)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1937

For what disease or injury? Carcinoma of larynx

Name of operation Laryngectomy Date of 1937

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug. 4, 1936.

Where did injury occur? 1666 Cleftwein Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Tracheatomy tube became

Nature of injury clogged

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenken M. D.
Coroner

(Address) 1719 E. North Ave.

AUG 5 1936

26272

✓ F 26272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17-2 N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred Plowden

If U. S. Veteran specify WAR .....

(a) Residence: No. 920 Shields Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Julia Plowden

6. DATE OF BIRTH (month, day, year) July 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Plowden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 7, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

[illegible] Registrar

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Aug 4, 1936

I last saw him alive on Aug 4, 1936. Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	?
Uremia	8-3-36
(Coma)	

Other contributory causes of importance:

acute Retention	7-10-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) H. H. Cutler, M. D.

(Address) Mercy Hosp

M. D. B 1268-9

26273

✓ F 26273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Tunbridge Rd. St., 27-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Estelle Hoffenbeuth

If U. S. Veteran specify WAR .....

(a) Residence: No. 625 Tunbridge Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William Hoffenbeuth

6. DATE OF BIRTH (month, day, year) April 2-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Robig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Vogel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. H. Vaughan

(Address) 625 Tunbridge Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Aug 6 1936

19. UNDERTAKER George W. Zirkler

(Address) 1733 E. Eager St

20. Filed Aug 5 1936 Harrington Wilmington APH

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) August 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Aug 3 1936

Where did injury occur? 625 Tunbridge Rd. - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on gas jets on

Nature of injury over.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

M. D. B 1268-9

✓ F 26274

26274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Hull St. St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Lenivy.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1138 Cooksie St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) July 20, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	0	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Lenivy.

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia.

MOTHER

15. MAIDEN NAME Johanna Hanakowich.

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia.

17. INFORMANT Catherine Lenivy. (sister)
(Address) 1138 Cooksie St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer [illegible] Date Aug 7 1936

19. UNDERTAKER George W. Zukler
(Address) 1781 E. Lexington St

[illegible] Registrar.

5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Drowning.
Accidental fall from wharf while fishing.

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury inquiry

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 8/3/36 19

Where did injury occur? Foot of Hull St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Fall from a wharf.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

8/4/36 Address 1017 S. Charles St.

M. D. B. 1265-9

26275

F 26275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Ellwood St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chester Kozenska

If U. S. Veteran specify WAR .....

(a) Residence: No. 2708 Ellwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: x

6. DATE OF BIRTH (month, day, year): Oct 2 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: infant [illegible]

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Stephen

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Loretta Kraumer

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mrs Loretta Kozenska (mother)

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL: [illegible] Cemetery Date Aug 6, 1936

19. UNDERTAKER: [illegible] Funeral Directors

(Address) 1000 Fleetwood Ave

27 AUG 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: Malnutrition gastroenteritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

26276 F 26276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St., 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Josephine Garey

(a) Residence: No. Lansdowne Md. St., Ward. 317
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Joseph B. Garey

6. DATE OF BIRTH (month, day, year): Sept 15th 1861

7. AGE: Years 74 | Months 10 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Wm. Borgler
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Miss Elz Borgler
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Pat Hannigan Lutherville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: 8/7/36

19. UNDERTAKER (Address): [illegible] Coat 1210 E Fayette St

20. FILED [illegible]

5-1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/4/36

22. I HEREBY CERTIFY, That I attended deceased from 7/20/36, 19..., to 8/4/36, 19...
I last saw her alive on 8/4/36, 19... Death is said to have occurred on the date stated above, at 6.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Valvular -	
Other contributory causes of importance: -	
Senility	

Was an operation performed? Yes Date of 7/24/36
For what disease or injury? Intest. obstruction
Name of operation Cholecystostomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. L. Edwards Jr. M. D.
(Address) Maryland Gen'l Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

F 26277 ✓ F 26277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1619 Riggs Ave ST., 16-3 WARD)

2—FULL NAME Foetus Allen

(a) RESIDENCE NO. 1619 Riggs Ave ST. .....

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7 DATE OF BIRTH (month, day, and year) 8-5-36

8 AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

10 BIRTHPLACE (city or town) 1619 Riggs Ave

(State or country) Balto. Maryland

10 NAME OF FATHER Benjamine Allen

11 BIRTHPLACE OF FATHER (city or town) Alexandria

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mildred Thomas

13 BIRTHPLACE OF MOTHER (city or town) Danville

(State or country) Virginia

14 Informant Benjamine Allen

(Address) 1619 Riggs Ave

15 FILED 5-1936 [redacted]

2378 A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-5-36

17 I HEREBY CERTIFY, That I attended deceased from 8-5- , 1936. to 8-5- , 1936.

that I last saw h alive on 8-5- , 1936

and that death occurred, on the date stated above, at 2:10 a m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical & signal symptoms

(Signed) John C. Stamps, M. D.

, 19 (Address) 639 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill

DATE OF BURIAL: Aug 5 19 36

20 UNDERTAKER: Commissioner of Health.

ADDRESS .....

26278

✓ F 26278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 N. Bradford St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mary Novotny

If U. S. Veteran specify WAR

(a) Residence: No. 718 N. Bradford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Novotny

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Hasfear

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Peter Butler

(Address) 718 N. Bradford st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 6 1936

19. UNDERTAKER Frank Leach & Son

(Address) 1906 Eastland Av

5-11-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1936, to Aug 3, 1936

I last saw h[illegible] alive on Aug. 3, 1936. Death is said to have occurred on the date stated above, at 8-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1515 N Broadway

F 26279

F 26279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Virginia Ave Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary L. Whitty

(a) Residence: No. 3418 Virginia Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Nicholas Whitty

6. DATE OF BIRTH (month, day, year) Dec 12th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Corrigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Theresa Buxton

(Address) 3418 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Charles Pikesville Md Date Aug 7th 1936

19. UNDERTAKER Wm Cook

(Address) (217 W Pratt St Washington Blvd)

20. FILED Aug 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Aug 4, 1936

I last saw h. alive on Aug 4 1936 Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma	—

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Charles J. Frey, M. D.

(Address) 5276 Pk Heights Ave.

F 26230 ✓ F 26230

HEALTH DEPARTMENT—CITY OF BALTIMORE

122 B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward 8 7)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Kohl — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1227 Hall Gay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 22nd 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	9	13/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 0003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) 7/31/36 — 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME Francis Kohl

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

MOTHER

15. MAIDEN NAME Mary Debelak

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Francis Kohl (Address) 1229 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date Aug 6th 1936

19. UNDERTAKER Wm Cook (Address) 1209 St Paul St

20. FILED [illegible] Registrar

AUG 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1936, to August 4th, 1936

I last saw him alive on Aug 4th, 1936. Death is said to have occurred on the date stated above, at 8.32 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	7/31/36
Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 3rd, 1936

For what disease or injury? Intestinal obstruction

Name of operation Exploratory Laparotomy Date of Aug 3rd

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. M. Copeland M. D.

(Address) Union Memorial Hospital

26281 F 26281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Parkmont Ave 26 Ward) 1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Fielitz

(a) Residence: No. 4203 Parkmont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Fielitz

6. DATE OF BIRTH (month, day, year) Mar 27-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louis Berker

(Address) 4203 Parkmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Aug 7, 1936

19. UNDERTAKER John Ulrich

(Address) 220 S Arlington

[illegible] Aug 7 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Aug. 4, 1936.

I last saw her alive on Aug 4, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage -	7-31-36
arterial sclerosis	?

Other contributory causes of importance:

N

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Richard Thornfeld M. D.

(Address) 5401 Belair Rd

F 26282 V F 26282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Etting St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amalia Kidd

(a) Residence: No. 1918 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Kidd

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Harry White

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cornelia Kead

(Address) 1918 Etting

18. BURIAL, CREMATION, OR REMOVAL

Place W. I. Anthony Cemetery Date Aug 6th, 1936

19. UNDERTAKER Archibald C. Hadden

(Address) 2101 N. Caroline St.

AUG 6-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to Aug 4, 1936

I last saw her alive on Aug 3, 1936 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Uremia Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. D. McCard, M. D.

(Address) 2029 Druid Hill Ave

F 26283

26283

316914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 13-1 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Simon Rosenblum

(a) Residence: No. 2413 Lake View Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rachel Rosenblum
7. DATE OF BIRTH (month, day, year): 9 | 1 | 71
8. AGE: Years 64; Months 11; Days 4; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cleaner & Dyer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 0 8 0
12. BIRTHPLACE (city or town) (State or country): Russia
13. NAME: Moses ?
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME: Sarah ?
16. BIRTHPLACE (city or town) (State or country): Russia
17. INFORMANT (Address): Records. JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL: Date 8/6/36
Mohican Friendship
19. UNDERTAKER (Address): Jack Levin Inc 1439 E. Baltimore St.
Huntington Wilson
Registrar.
20. FILED 19

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-5 . 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug-3 . 1936. to Aug 5th . 1936
I last saw him alive on Aug-5th . 1936. Death is said to have occurred on the date stated above, at 3 40 A.M.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset 8/3

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. Carmichael Leigh M. D.

(Address) Johns Hopkins Hospital

F 26284

F 26284

HEALTH DEPARTMENT—CITY OF BALTIMORE

95B

CERTIFICATE OF DEATH

Registered No. 15442

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Poteet

(a) Residence: No. 1711 N. Bethel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Poteet

6. DATE OF BIRTH (month, day, year) 6-19-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Egner (deceased)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem. Date Feb' 7 1936

19. UNDERTAKER George J. Ruth Inc.
(Address) 1735 Harford Ave.

20. FILED ..... 19 ..... Registrar

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1936 to 8-5 1936

I last saw her alive on 8-5 1936 Death is said to have occurred on the date stated above, at 1. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	8-1-36
Cerebral Hemorrhage	7-29-36

Other contributory causes of importance:

Hypertensive Cardio - Vascular Dis.	Unk. -
Arteriosclerosis	Unk. -

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

F 26285 ✓ F 26285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Woodbrook Ave St., 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith E. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 2803 Woodbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R. Brown

6. DATE OF BIRTH (month, day, year) Apr 24/1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Anthony

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. N. W. Dorsey

(Address) 2803 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 8/7/36 19...

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

[redacted]

AUG 6 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 — 1936 to Aug 5 1936

I last saw h.. alive on Aug 4 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hypertension	July 29 36
Hemiplegia (R)	
Coma	
Other contributory causes of importance:	
Pernicious Vomiting	4 days
Puerperal Toxemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm G. Lepper M.D.

(Address) [illegible]

M. D. B 1268-9

F 26286 ✓ F 26286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm G. Amer or Ammer If U. S. Veteran specify WAR .....

(a) Residence: No. 733 N. Schuster St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Amer or Ammer

6. DATE OF BIRTH (month, day, year) Oct 29 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 69	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman P.D. 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Stables

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Amer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mc Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Amer
(Address) 733 N. Schuster St

18. BURIAL, CREMATION, OR REMOVAL
Place Cath Lawn Date 8/6/36 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

FILED ... 19 ... Registrar.

AUG 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1912 E. North Ave

26287 ✓ F. 26287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital Ward 9-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Lutz

(a) Residence: No. 1902 E. 29th St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Annie Lutz

6. DATE OF BIRTH (month, day, year) July 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. 6644

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Lutz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie E. Lutz

(Address) 1902 E 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 6 1936

19. UNDERTAKER A. B. Shepherd & Son

(Address) 1900 [redacted]

[redacted] 19 ..... Registrar.

6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to August 4, 1936

I last saw h.im alive on August 4, 1936 Death is said to have occurred on the date stated above, at 11:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Heart disease with Congestive failure	1 mo.
Other contributory causes of importance: Diabetes Mellitus	Unknown

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R Heffernan M. D.

(Address) St Josephs Hospital

F 26288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St., 27-15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F. Williams
If U. S. Veteran specify WAR .....

(a) Residence: No. 2211 Rogers Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth B Williams

6. DATE OF BIRTH (month, day, year) Jan. 27, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gloucester Va

FATHER

13. NAME Andrew. Williams
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary E Sallis
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Etta Buddy
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 7 . 1936

19. UNDERTAKER C. Howard Rogers
(Address) 1400 W Lanvale St

20. FILED ..... 19 ..... Registrar

AUG 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Aug 5, 1936
I last saw him alive on Aug 5, 1936 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	about 1 mo.

Other contributory causes of importance:
amputation of left leg

Was an operation performed? yes Date of .....
For what disease or injury? Diabetic gangrene
Name of operation amputation Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Stafford, M. D.
(Address) Md. Gen. Hosp

F 26289

15401

F 26289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 3 mos 15 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Samuel G Jory

(a) Residence: No. ~~123 Warren Ave.~~ 39 E Hill St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-19-1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown Retired Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME George (Deceased)

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ~~Hattie Shorter~~ Anna Hunter (Deceased)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT ~~B. C. H. Records~~ Catherine A Marks (Sister)

(Address) 3803 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 6, 1936

19. UNDERTAKER John F. Dewey

(Address) 715 ~~Light St~~ [illegible]

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1936 to 8-3, 1936

I last saw him alive on 8-3, 1936. Death is said to have occurred on the date stated above, at 11 50 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of maxillary sinus — Date of onset 8 mos

Metastases to Brain — Unknown

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

AUG 6 - 1936

F 26290

26290

HEALTH DEPARTMENT—CITY OF BALTIMORE

148

CERTIFICATE OF DEATH

15139

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 7-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Weaver

(a) Residence: No. 1015 N. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcus

6. DATE OF BIRTH (month, day, year) 6-30-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Phillip Myers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carrie Wengert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Myers' Home Cem Balto Co. Date Aug 8, 1936

19. UNDERTAKER John F. Denny
(Address) 715 Eager St

Registrar.

20. FILED 8-6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936 to August 4, 1936

I last saw her alive on August 4, 1936 Death is said to have occurred on the date stated above, at 4 07 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolus — Date of onset 8-4-36

Other contributory causes of importance:

Phlebitis (left leg) following pregnancy — 7-18-36

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Catherine Welch M. D.

(Address) Baltimore City Hospitals

F 26291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-5 46E

Registered No. F 26291

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Carswell St. 9-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adolph J. Rentz

(a) Residence: No. 1415 Carswell St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Rentz

6. DATE OF BIRTH (month, day, year) April 12th, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2 3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph M. Rentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Groening

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Rentz
(Address) 1415 Carswell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 8/6/36 19

19. UNDERTAKER Frederick R. Cole
(Address) 1700 W. Lombard St.

FILED AUG 6 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 19 36 to Aug 3 19 36

I last saw h alive on Aug 3 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Liver	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) J. J. Hooper M. D.

(Address) 1211 Eutaw Place

26292 ✓ F 26292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

948

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Monument & Spring St. St., 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Henry Roles. ☐ U. S. Veteran specify WAR .....

(a) Residence: No. 624 N. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Serena Roles.

6. DATE OF BIRTH (month, day, year) April 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Julie Henby

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Serena Roles (Address) 624 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 5/6/36

19. UNDERTAKER Robert F. Cowell (Address) 504 W. Lexington St.

6-1936 ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION IS VERY Important. See instructions on back of certificate.

F 26293

F 26293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Mosher St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Etta King

If U. S. Veteran specify WAR .....

(a) Residence: No. 608 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William King

6. DATE OF BIRTH (month, day, year) 7/13/64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John Gathright

14. BIRTHPLACE (city or town) (State or country) Ashland Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Eleanor Campbell

(Address) 608 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery 8/7 36

19. UNDERTAKER Robert J. Young Sr

(Address) 504 W. Lanvale St

20. FILED ..... 19 ..... Registrar.

AUG 6 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/7, 1936 to 8-4, 1936

I last saw her alive on 8-3, 1936. Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis (uremia)	7/7/36
Other contributory causes of importance:	
Arterio-sclerosis	?
chr. myocarditis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wayne Young M. D.

(Address) 1500 E. Madison St

E 26294 ✓ E 26294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 Annapolis Rd 25-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary Thomas

(a) Residence: No. 2317 Annapolis Rd Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Thomas

6. DATE OF BIRTH (month, day, year) April 14 1866

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME George Crooks

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Julia Sharps

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Joseph Thomas

(Address) 2312 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 7 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Gilmor St

[illegible] Registrar.

FILED ... 19...

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to Aug 3 1936

I last saw h[illegible] alive on Aug 3 1936 Death is said to have occurred on the date stated above, at 1130 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Arteriosclerosis	7

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) [illegible] M. D.

(Address) [illegible]

F 26295

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26295

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Gettes

(a) Residence: No. 609 N. Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 8/15/1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	47	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Tom Curry

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Richardson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery, Date Aug 7, 1936

19. UNDERTAKER Chas O Wilson
(Address) 1500 Brantley Ave.

20. FILED 8-6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1936, to 8-3, 1936

I last saw her alive on 8-3, 1936. Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	1933
Cardiac failure	March '36
Other contributory causes of importance:	over
Arteriolar nephritis	Unknown
Uremia	July 1st '36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F Ramey, M. D.
(Address) Baltimore City Hospital

M. D. B 1268-9

F 26296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 26296

1. PLACE OF DEATH Hospital 4-2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Dee Fromfelter If U. S. Veteran specify WAR .....

(a) Residence: No. 6 Green St (Usual place of abode) Westminster Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 26 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Westminster Md

FATHER

13. NAME Edgar M. Fromfelter

14. BIRTHPLACE (City or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Emma Dee Zahn

16. BIRTHPLACE (City or town) (State or country) Westminster Md

17. INFORMANT Edgar M Fromfelter (Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Cem. Aug. 7, 1936

19. UNDERTAKER H. Cuthard & Son (Address) Westminster, Md

FILED 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	8/4/36

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/4, 1936

Where did injury occur? 6 Green Street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Car ran over body

Nature of injury Body struck by a truck

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gorsley Coe M.D. Coroner

(Address) 907 N. Charles

✓ F 26297

26297 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

347-958

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12621 Baltimore City Hospitals St., 5-2 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Hawkins

(a) Residence: No. 1010 Low Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hawkins

6. DATE OF BIRTH (month, day, year) 6- -1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

13. NAME Emory Polfield

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliz. Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 8-6-1936

19. UNDERTAKER Robert Maurice W. Wright
(Address) 1211 Mc Elderry St

6-1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-36

22. I HEREBY CERTIFY, That I attended deceased from 7-27-1932 to 8-4-1936

I last saw h. alive on 8-4-1936. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 4 1932
Hypertensive Cardio-vascular disease	1932

Other contributory causes of importance:

over

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

✓ F 26298

F 26298 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 810 S. Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Mrs Ella Williams

(Address) 810 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Med Cem Date Aug 6 19 36

19. UNDERTAKER .....

(Address) .....

Filed 1936

2519

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1016 S. Ellwood Ave

26299 ✓ F 26299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47c

1. PLACE OF DEATH

Registered No. 12237

CITY OF BALTIMORE: (No. Balto. City Hospitals 11 St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Singleton

(a) Residence: No. 213 S. Dallas St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown, S. C.

FATHER

13. NAME Steven Singleton

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Aug 6 1936

19. UNDERTAKER Geo. E. Whitaker Co.
(Address) [illegible]

20. FILED [illegible] 1936
[illegible] Registrar.

2522 ARH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1936 to 8-3 1936

I last saw h~~im~~ alive on 8-3 1936 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bronchial Cleft Left	1 yr.
Other contributory causes of importance: Bronchopneumonia	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. Hoover M. D.

(Address) Baltimore City Hospitals

26300 ✓ F 26300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Jefferson St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 36 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Svec

(a) Residence: No. 2427 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Svec

6. DATE OF BIRTH (month, day, year) May 19 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rock Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pisek Bohemia

FATHER

13. NAME Joseph Svec

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Svec (Address) 2427 Jefferson

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Aug 8 1936

19. UNDERTAKER Mach Brach & Son (Address) 906 N Caroline

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1936, to Aug 5, 1936

I last saw him alive on Aug 4 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
Other contributory causes of importance: Myocardial Fracture (Degenerative)	2 mos.

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Joseph Pokorny M. D.

(Address) 7200 E Madison St

M 26301 ✓ F 26301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N. Broadway St. 85 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia M. Steer

(a) Residence: No. 1824 N. Broadway City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew H. Steer

6. DATE OF BIRTH (month, day, year) June 28 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	74	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Benjamin Reynolds

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Christina Miller

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ethel Cook

(Address) 316 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Mem. Park Date Aug 7 1936

19. UNDERTAKER Josiah Lyter

(Address) 1600 W. North Ave

20. FILED ..... 19 ..... Huntington Robinson
Registrar.

8-6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13 1936 to Aug 4 1936

I last saw h[illegible] alive on Aug 4 1936 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	over
Arterio sclerosis	

Other contributory causes of importance:

Pyelonephritis	
Cystitis	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin W Kenny M. D.

(Address) 1512 E Broadway

26302 ✓ F 26302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park Ave St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Sarah L. Norris

(a) Residence: No. 2001 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 3-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Caleb Norris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary M. Penn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Hull
(Address) 2001 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Friends Date Aug 7 1936

19. UNDERTAKER Chas. E. Franck
(Address) 502 Madison Ave

6-1936 [redacted] NW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25 1936, to Aug 6 1936

I last saw h.. alive on Aug 6 1936. Death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of uterus (not confirmed);	?
Uterine hemorrhage	?
Bronchopneumonia	8-5-36

Other contributory causes of importance:

Arteriosclerosis and senile changes.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. B. Wright, M. D.

(Address) 101 Read St.

F 26303

M. D. B 1268-9

26303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No. 20-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S. Payson St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Strack

(a) Residence: No. 216 S. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Strack

6. DATE OF BIRTH (month, day, year) Mar 13-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Strack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Rubbie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Strack

(Address) 216 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug. 7 1936

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave

20. FILED 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above. 9.10 a.m.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
one year	
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. H. Phillips, M. D. Coroner

(Address) 1729 Edmondson Ave

26304

F 26304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 E. 25th St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Loader James

(a) Residence: No. 1631 E. 25th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth James

6. DATE OF BIRTH (month, day, year) June 4-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84 years.		2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William James

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Loader

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Percy James
(Address) 1674 E. Cheltenham Ave., Phila.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 8 1936

19. UNDERTAKER George L. Schwab
(Address) 2101 Fredrick Ave

20. [illegible] 1936 [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20/36 19 to 8/5/36 19

I last saw him alive on 8/5/36 19 Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6/20/36
Decreased Insufficiency	8/4/36

Other contributory causes of importance:

Myocardial Insufficiency	8/4/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George A. Barden M. D.

(Address) 1516 E. North Ave.

F 26305

HEALTH DEPARTMENT—CITY OF BALTIMORE

326468
326305

CERTIFICATE OF DEATH

X 51B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Lambeth Encinstoro Monticello N. Car

(a) Residence: No. Brown Summit P.O. ..... St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: annie

6. DATE OF BIRTH (month, day, year): 12-25-66

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69 ~~XX~~	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month, day, year): Jan 1934

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): N. Car.

FATHER

13. NAME: John Lambeth

14. BIRTHPLACE (city or town) (State or country): N. Car.

MOTHER

15. MAIDEN NAME: Jane Walker

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Swansboro N C Date Aug 6, 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

• 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936, to Aug 6, 1936. Last saw h im alive on Aug 6, 1936. Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	8/5/36
Bronchopneumonia	8/5/36

Other contributory causes of importance:

Carcinoma of urinary bladder
Pyelonephritis, bilateral

Was an operation performed? yes Date of 8/4/36 ?

For what disease or injury? Explor ary laparotomy for abdominal distension.

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh J. Hiffins M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

✓ F 26306

26306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 7-5 Ward)

Length of residence in city or town (where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Green — U. S. Veteran specify WAR .....

(a) Residence: No. Aberdeen St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Green

6. DATE OF BIRTH (month, day, year) July 23 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aberdeen Foundry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md

FATHER

13. NAME Philip Green

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md

MOTHER

15. MAIDEN NAME Annie Hall

16. BIRTHPLACE (city or town) (State or country) Aberdeen Md

17. INFORMANT Mrs Anna M Green (Address) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Harford Co. Aug 8. 19

19. UNDERTAKER Henry Tarring & Son (Address) Aberdeen Md

20. 8 1936 Huntingtown Williamsport Pa

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	
	about

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Wheeler M. D.
Coroner

(Address) 1912 E. North Ave.

M. D. B 1268-9

F 26307

F 26307 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospt. Ward 1-4

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Henry L. Rodgers

(a) Residence: No. 2308 Lambridge St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret A. Rodgers

6. DATE OF BIRTH (month, day, year) about 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer p.w.d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept

10. Date deceased last worked at this occupation (month and year) July 31/31

11. Total time (years) spent in this occupation Hypo

12. BIRTHPLACE (city or town) (State or country) Wash. Co. L.

FATHER

13. NAME Louis W. Rodgers

14. BIRTHPLACE (city or town) (State or country) Wash Co. L.

MOTHER

15. MAIDEN NAME Ruth Balderson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Margaret A Rodgers
(Address) 2308 Lambridge St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 8/36

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FEB 7 1936

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenthen, M. D.
Coroner

(Address) 1917 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 26303

26303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S. Charles St. St., 1 Ward) 18-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Herbert Charles King.

(a) Residence: No. 2917 Silver Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Winifred King.

6. DATE OF BIRTH (month, day, year) February 23, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission

10. Date deceased last worked at this occupation (month and year) 8/6/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont.

FATHER

13. NAME James King.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sarah Ann Lawn.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Winifred King. (wife)
(Address) 2917 Silver Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 8th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

[illegible] Registrar.

AUG 7 - 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto Rothenhaus M. D.
Coroner

8/6/36 (Address) 1017 S. Charles St.

M. D. B. 1268-9

F 26369 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26369

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH 5820 York Road. Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 27-12

2. FULL NAME Mrs. Annie Margaret Bromelsick No War Record

(a) Residence: No. 5820 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Bromelsick

6. DATE OF BIRTH (month, day, year) October 30 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Louis Beese

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Catherine Hirschberg

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Roland Bromelsick
(Address) 5820 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Aug 8th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED G 7 1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29 1936 to August 6 1936 that she was alive on August 6 1936 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	
Chronic Myocarditis	

Other contributory causes of importance:

Osteo-Arthritis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elbert Roberts M. D.

(Address) 6010 York Road

26310 Dr. Carl F. Benson Beaumont, York Rd ✓ Bal 5352 F 26310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4682 Kenwood Ave St., Govans Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. 27 11 If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Clarissa S. Lumley

(a) Residence: No. 4682 Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of Robert Lumley

6. DATE OF BIRTH (month, day, year) Aug 1st 1874

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
62	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Mathers

14. BIRTHPLACE (city or town) (State or country) Johnstown Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Robert Lumley

(Address) 4682 Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 7th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED AUG 7 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to Aug. 6, 1936

last saw h.. alive on Aug. 5 1936. Death is said to have occurred on the date stated above, at 12 noon a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Cerebral Hemorrhage	July 31, 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Carl F. Benson, M. D.

(Address) 5111 York Road.

F 26311 ✓ F 26311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

15317

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward) 8 S

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Smith

(a) Residence: No. 1823 Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Smith

6. DATE OF BIRTH (month, day, year) 6-16-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed by Water Dept. 0687

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Kate Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date August 10, 1936

19. UNDERTAKER Gilbert J. Nilt Jr.
(Address) West n Chester Pa

20. FILED 7-1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1936 to 8-6, 1936

I last saw him alive on 8-6, 1936 Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-3-36
Uremia	7-23-36
Chronic Nephritis	Unknown
Cerebral Thrombosis	7-6-36
Other contributory causes of importance:	
Hypertensive Cardiovascular Dis	Unknown
Diabetes Mellitus (mild)	"

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If no, specify .....

(Signed) John L. Rapley, M. D.

(Address) Baltimore City Hospital

F 26312

F 26312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George J Ringrose

(a) Residence: No. 1536 Mielton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ringrose

6. DATE OF BIRTH (month, day, year) May 12th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles W. Ringrose

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Laura Kraft

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Ringrose

(Address) 1536 Mielton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 8 1936

19. UNDERTAKER Millard B. Cullen

(Address) 1524 N. Gilmor St

Filed Aug 7 1936 19 Registrar Clayton Williams, MD

G7-1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to August 5, 1936

Last saw h[illegible] alive on August 5, 1936. Death is said to have occurred on the date stated above, at 5.50 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	?
Arterio-Sclerotic Gangrene, Lft Leg	6 wks ago
Cerebral Thrombosis	1 wk

Other contributory causes of importance:

Broncho-pneumonia (Terminal)	1 day

Was an operation performed? Yes Date of June 20, 1936

For what disease or injury? Gangrene of Lft Leg

Name of operation Amputation, Lt. Leg Date of 6-20-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hospital

F 26313 ✓ F 26313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 17 So Regester St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Edward Wilson
(a) Residence: No. 17 So Regester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Wilson

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ares Md

FATHER
13. NAME Charles Costen
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Hager ?
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Wilson
(Address) 69 Washington St Lambert

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 8 7 1936

19. UNDERTAKER Byron & Marie E. Wright
(Address) 1218 Mc Elderry St

20. FILED ... 19 ... Huntington Williams, Asst

7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936 to Aug 5 1936
I last saw him alive on Aug 5 1936 Death is said to have occurred on the date stated above, at 6 1 a.m.

The principal cause of death and related causes of importance were as follows:

Clonging Interstitial Nephritis — Date of onset Abt Jan 1936
Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? No
Name of operation No Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) George L. Allen, M. D.
(Address) 507 Linganore St

F 26314

26314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 15464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1871 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Sutton

(a) Residence: No. 846 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Sutton

6. DATE OF BIRTH (month, day, year): ?

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
About 42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hwf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date Aug 8 1936

19. UNDERTAKER Eugene Payne
(Address) 1721 Edmondson Ave

20. FILED [illegible] Baltimore, Md.

AUG 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5- 1936.

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1936 to 8-5 1936

I last saw her alive on 8-5 1936 Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis with uremia — Date of onset May 1936
Hypertension Cardio-vascular Dis. — Unknown

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T Rainey M. D.

(Address) Baltimore City Hospital

F 26315

✓ F 26315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH — 15th division

CITY OF BALTIMORE: (No. Provident Hospital (Ward) 13-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U.S. Veteran

2. FULL NAME William Morton specify WAR

(a) Residence: No. 2470 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Morton

6. DATE OF BIRTH (month, day, year) Aug. 10, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted] EXPRESSMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clover Va (State or country) Halifax County

FATHER

13. NAME Howard Morton

14. BIRTHPLACE (city or town) Clover Va. (State or country) Halifax County

MOTHER

15. MAIDEN NAME Patsy (unknown)

16. BIRTHPLACE (city or town) (State or country) (unknown)

17. INFORMANT Mrs Lucy Morton

(Address) 2470 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Aug 8 1936

19. UNDERTAKER R. C. Richardson & Co-Inc.

(Address) 1120 Druid Hill Ave

20. FILED 8-7-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to Aug 4 1936

I last saw him alive on Aug 4, 1936 Death is said to have occurred on the date stated above, at 5:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4 Yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bernard Sacks M. D.

(Address) 1707 N Caroline St.

F 26316 ✓ F 26316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 11-4

2. FULL NAME Cecelia Bryan

(a) Residence: No. 1212 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Bryan

6. DATE OF BIRTH (month, day, year) Aug 29, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month, day, year) 7/30/36

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Whitemarsh

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Cecelia Young

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Louise A Owens

(Address) 1212 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Aug. 7 1936

19. UNDERTAKER Charles S. Cooper

(Address) 514 N. Calhoun St. Baltimore, Md.

T-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/30/36 to 8/3/36

I last saw her alive on 8/3/36 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

Spontaneous Subarachnoid Hemorrhage — Date of onset 7/30/36

Hypertension (?) —

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter Henry Gerard, Jr. M. D.

(Address) University Hospital.

M. D. B. 1268-9

F 26317

F 26317 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 E 41st St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles C. P. Kessler

(a) Residence: No. 516 E 41st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Yo Wan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	x	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Retired) 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lettercarrier

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Chas F Kessler

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Sophia Knox

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs Richard Scott (Address) 516 E 41st St.

18. BURIAL, CREMATION, OR REMOVAL. Place Balto Cem't Date Aug 10th 1936

19. UNDERTAKER Fortiana Bros (Address) 2254 W Baltimore St.

..... 19..... Registrar.

AUG 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to August 6 1936

I last saw h.. im alive on August 6 1936 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown
	over
Other contributory causes of importance: Arteriosclerosis	1934

Name of operation ----- Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Fergusson M.D.

(Address) 401 E 25th Street

F 26318 ✓ F 26318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Robinson St., 1-E Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Emory Quigley If U. S. Veteran specify WAR No Record

(a) Residence: No. 10 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary Quigley

6. DATE OF BIRTH (month, day, year) Sept 29th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor 0071 City Directory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. L. Polk Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Amos Quigley

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Henriette Wright

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs A. B. Tribull

(Address) 528 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 8th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED 19 Registrar

AUG 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936 to Aug. 6, 1936

I last saw h— alive on August 6 1936 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Coronary Thrombosis
Aortic Insufficiency
Cirrhosis Liver

Date of onset
about

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Eudora Hunsmore M. D.

(Address) 2024 Eutaw Ave

M. D. B 1268-9

✓ F 26319

26319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 90-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth P. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 891 Somerset St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

54. If married, widowed, or divorced RUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Esther Broadwater

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Harry P. Smith (brother)

(Address) 112 N. Prince St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 8, 1936

19. UNDERTAKER Wm Cook & Son

(Address) 1217 St Paul St

FILED 8-7-1936 Livingston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
following fracture left femur	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury? Jan 6, 1936

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury slipped on kitchen floor.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1010 S. Ellwood Ave

M. D. B 1269-9

F 26320

HEALTH DEPARTMENT—CITY OF BALTIMORE F 26320

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 227 n Montford Ave Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lisa Hall

If U. S. Veteran specify WAR

(a) Residence: No. 227 n Montford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs Sam Brown

(Address) 227 n montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 8. 19 36

19. UNDERTAKER Edw. Boyle

(Address) 1647 Orleans St

[illegible] M. D.

Registrar

AUG 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	Aug 4 1936.
Other contributory causes of importance: Senile Psychosis	Aug 1-1931

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury In any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.

Coroner

(Address) 507 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26321

F 26321 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 78 yrs. 10 mos. 0 ds.

2. FULL NAME Olivia A. Burch

(a) Residence: No. Charlotte Hall, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thos. F. Church

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

MOTHER

15. MAIDEN NAME Christiana Clements

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

17. INFORMANT Mrs Spencer Reeds

(Address) City

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Aug-8/36 19

19. UNDERTAKER Sherwood Memorial Co.

(Address) 10 Eutaw Ave

20. 1356 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1934 to Aug. 6 1936.

I last saw her alive on Aug. 6 1936. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	2 3 yrs
Arterio Sclerosis	
Other contributory causes of importance:	
Cystitis	1 yr
Exhaustion	1 wk.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. Margaret T. Wagner M. D.

(Address) 336 Fulton Ave

M. D. B. 1268-9

F 26322 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26322

CERTIFICATE OF DEATH X-210 NA

1. PLACE OF DEATH Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Snowden Stanley If U. S. Veteran specify WAR .....

(a) Residence: No. Laurel - Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 8 - 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER FATHER

13. NAME William F Stanley

14. BIRTHPLACE (city or town) (State or country) Laurel Md

15. MAIDEN NAME Mary Jane Gilbert

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT John Stanley (uncle)
(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date Aug 10 1936

19. UNDERTAKER Floyd Waiser
(Address) Laurel Md

DATE RECEIVED AUG 7 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH 1054

21. DATE OF DEATH (month, day, year) 8-7-36 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	8/7/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/7- , 1936
Where did injury occur? Edison Blvd Road
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
How injury occurred Auto Speeded & struck telephone pole

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hulings Darley Auto Coroner, M. D.
(Address) 957 N. Charles St.

26323 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26323

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1357 Ward) 12396

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Mather

(a) Residence: No. 3629 Elm Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Mather

6. DATE OF BIRTH (month, day, year): 8-16-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: William B. Mather

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Fannie McCalley

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Aug 8- 1936

19. UNDERTAKER Horace F. Burgee
(Address) 3621 Falls Road
Reg. No. 1936 Washington Witness

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-36

22. I HEREBY CERTIFY, That I attended deceased from 2-19- 1936 to 8- 6 1936

I last saw him alive on 8- 6 1936 Death is said to have occurred on the date stated above, at 1½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Empyema right	Feb- 1936
	own
Other contributory causes of importance: Secondary anemia	4 mo.
Anasarca	4 mo.

Was an operation performed? yes Date of 2-26-36.

For what disease or injury? Empyema right

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. A. Hoppe M. D.

(Address) Balt. City Hospitals

✓ F 26324

26324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4419 Falls Road St., 27-14 Ward) 150

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice M. Tunney

If U. S. Veteran specify WAR .....

(a) Residence: No. 4419 Falls Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Tunney

6. DATE OF BIRTH (month, day, year): July 2 - 1901

7. AGE: Years 35 | Months 1 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: William Henry Irwin

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Daly

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: John R. Tunney

(Address): 4419 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Aug. 8, 1936

19. UNDERTAKER: Horace G. Burgee

(Address): 3631 Falls Road

20. [illegible] 7-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1936 to August 6, 1936

I last saw her alive on August 6th, 1936 Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of breast.	1-6-36

Other contributory causes of importance:

Myocarditis Simptomatic	7/15

Was an operation performed? Yes Date of 7-4-36

For what disease or injury? Cancer breast

Name of operation Resection Date of 7/6/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) David Miller, M. D.

(Address) 1502 Edward

26325 ✓ F 26325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N Dallas St., 6-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Hall

(a) Residence: No. 1610 N Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Mahoney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Catherine Hall
(Address) 1610 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place J. D. Med School Date Aug 7, 19 36

19. UNDERTAKER Commissioner Health
(Address) For Am E Woodall

20. FILED Aug 7 1936 Registrar

F-336523

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 36 to Aug 6 36

I last saw h[illegible] alive on Aug 5 36 Death is said to have occurred on the date stated above, at 3.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	Aug 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo J Allen M. D.

(Address) 950 Arlington Ave

26326 ✓F 26326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 8-1 St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Enbert

(a) Residence: No. 1418 N. Callington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Premature

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
-	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Edw Enbert

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bertha R Nickles

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med School Date July 7 1936

19. UNDERTAKER
(Address)

20. FILED 7-1936 Huntington Williams M.D.
2527 Mch

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to July 29, 1936
I last saw him alive on July 29, 1936. Death is said to have occurred on the date stated above, at 7 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-maturity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. C. Stiles Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ F 26327

F 26327 HEALTH DEPARTMENT—CITY OF BALTIMORE

94 B

CERTIFICATE OF DEATH

Registered No. 12-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Garden City Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Bernheimer

(a) Residence: No. 605 Temple Garden Apts St., Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jannie Bernheimer

6. DATE OF BIRTH (month, day, year) Aug 23-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Department Store Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Abraham Bernheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schiff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs M J Kohn (Sister)

(Address) Temple Garden Apts

18. BURIAL, ~~CREMATION, OR REMOVAL~~.

Place Oheb Shalom Cem. Date Aug. 9 . 19 36

19. UNDERTAKER Harris Sondheim's Son

(Address) 1903 Eutaw Place

AUG 7 1936 . 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from December 10 . 1935 to Aug 6 . 1936

I last saw h.im alive on Aug 6 1936 Death is said to have occurred on the date stated above, at 11.59 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 1935 (8 mos)
Myocardial failure	6 mos

Other contributory causes of importance:

Name of operation None Date of /

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No If so, specify /

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden Apts

26328

M. D. B 1268-9

✓ F 26328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 348 E 23½ St., 12-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joshua Williams

(a) Residence: No. 348 E 23½ St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Octavia Williams

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joshua Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Katie Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Octavia Williams

(Address) 907 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug 8th 1936

19. UNDERTAKER Thos. J. Wilson

(Address) 1610 Pennsylvania Ave

Clayton Williams, M.D.

Registrar

20. 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy, Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy, Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	Aug 6 1936

Other contributory causes of importance: Senile Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M.D. Coroner

(Address) 50 S. Augusta St.

OCCUPATION is very important. See instructions on back of certificate.

26329

✓ F 26329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N Patterson Park Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George V. Seifert

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1514 N Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ~~—~~ ~~—~~ ~~—~~
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21st 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry 047

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian F Seifert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Seifert

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Christian F. Seifert

(Address) 1514 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug 8th 1936

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

FILED 7-1936 Christopher Phillips M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1936 to August 6 1936

I last saw him alive on August 5, 1936. Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage &	
Right Hemiplegia	8-5-36

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edward E. Fitzgerald M. D.

(Address) 1613 N Eutaw St

F 16929 O.K. - Paul Rhoades, M.D.

F 26330

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26330

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-3 186a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Szdebstsi

(a) Residence: No. 5-25-5. Milton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.K.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Aug 10 1936

19. UNDERTAKER George A. Weber
(Address) 706 E Lanvale St

7-1936 [illegible] [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1936 to Aug 6 1936

I last saw him alive on Aug 6 1936 Death is said to have occurred on the date stated above, at 1620 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	
Fractured Shoulder - left	8-4-36
Other contributory causes of importance:	
Pneumonia	8-5-36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-4 1936

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down steps.

Nature of Injury Fractured Pelvis - Shoulder - lt.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Rhoades M. D.

(Address) The Johns Hopkins Hospital

26331 ✓ F 26331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14845 45E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Haynes

(a) Residence: No. 732 S. Luzerne Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year) 12-29-78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Casper (D)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia (D)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel, Date Aug 8, 1936

19. UNDERTAKER Wendell J. Bagel
(Address) 1405 Light St

20. FILED Huntington Williams, M.D.
AUG - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1936 to 8-4, 1936

I last saw h/m alive on 8-4, 1936 Death is said to have occurred on the date stated above, at 6:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tonsil	
with Metastasis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Brantigan, M. D.

(Address) Baltimore City Hosp.

✓ F 26332

M. D. B 1265-9

F 26332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 E Fayette St., 6-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bailey William Harris If U. S. Veteran specify WAR .....

(a) Residence: No. 1512 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 3-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Edward Sterling

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Albertia Harris

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Albertia Harris

(Address) 1512 Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug. 7. 36

19. UNDERTAKER Wendell J. Cooper

(Address) 1005 Druid Hill Ave

20. Aug - 1936 [illegible] Registrar.

OTH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	Aug 6 1936

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 50 E Fayette St Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26333

26333 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 159

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1004 Pennsylvania Ave St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Preston Whitney — If U. S. Veteran specify WAR .....

(a) Residence: No. 1004 Pennsylvania St., ... Ward ... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) June 22 1936

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Whitney

14. BIRTHPLACE (city or town) (State or country) Harrisburg Penn.

MOTHER

15. MAIDEN NAME Eugenia Wilson

16. BIRTHPLACE (city or town) (State or country) Americus Ga

17. INFORMANT William Whitney (Address) 1004 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL — Place Mt Zion Date Aug 7 1936

19. UNDERTAKER Ernest Prel (Address) 13 y Hamilton St

20. Aug 7 1936 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows: 12 P.m. Premature birth — Date of onset

Other contributory causes of importance Undeveloped

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. Hann, M. D. Coroner

(Address) 215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12-30

F 26334

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26334

CERTIFICATE OF DEATH

+186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Smythe Jr.

(a) Residence: No. Columbia S.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME Wm. R.Smythe

14. BIRTHPLACE (city or town) S.C.
(State or country)

MOTHER

15. MAIDEN NAME Carrie McElhany

16. BIRTHPLACE (city or town) S.C.
(State or country)

17. INFORMANT Wm. R.Smythe
(Address) Columbia S.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Hunters Date Aug. 7. 1936

19. UNDERTAKER Wm E Mullally
(Address) 2435 E Oliver St

AUG 7 - 1936 E. F. Norris Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1936 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 2, 1936

For what disease or injury? Fracture of Skull

Name of operation Temporal Decompression Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide Date of injury , 19

Where did injury occur? Fremont & Lexington St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell struck Head

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. R. Miller M. D.
Coroner

(Address) 757 W. Lanvale

M. D. B. 1268-9

F 26335

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26335

CERTIFICATE OF DEATH

210M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Dorothy V. Lensch

(a) Residence: No. 4629 Bowleys Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Bernhard Lensch

6. DATE OF BIRTH (month, day, year) May 27th 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 8/6/36

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Eugene E. Hobson

14. BIRTHPLACE (city or town) (State or country) Ocella Md.

MOTHER

15. MAIDEN NAME Amelia E. Rappaport

16. BIRTHPLACE (city or town) (State or country) Catonsville Md

17. INFORMANT (Address) Eugene E. Hobson 4629 Bowleys Lane

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Ellicott City Md Date Aug 10th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED AUG 8 - 1936 City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) found that said deceased came to death on the day stated above. 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull (Base)	8/7/36
Concussion	

Other contributory causes of importance: Terminal Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/1, 1936.

Where did injury occur? Cold Spring & Charles Aves (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Intersection

Kind of motor vehicle Automobile struck a

Name of motor vehicle Conveyance

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Gurley Culp, Coroner, M. D.

(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 26336

26336 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

192a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4714 Amberley Ave 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lottie M. Berry

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4714 Amberley Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Bernard H. Berry

6. DATE OF BIRTH (month, day, year) Nov 29th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked this occupation (month, day, year) 7/31/36

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George P. Plitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Corber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thelma Seifert

(Address) 4714 Amberley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 6th 1936

19. UNDERTAKER Wm Bosk

(Address) 1217 E Paul St

(Date) Aug 8 1936 Livingston Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31 1936 to Aug 5th 1936

I last saw her alive on Aug 5th 1936 Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Apoplexy.	7/31/36
Other contributory causes of importance Volvular Heart disease	1934
Hypertension	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Haughey M. D.

(Address) 8 Randall St

26337

F 26337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edgar Healey

(a) Residence: No. 5117 Park Heights Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 13, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Healey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Louise Wesel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Michael Healey

(Address) 103 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 8, 1936

19. UNDERTAKER Fred. A. Krause & Son

(Address) 1216 N. Charles St

8-1936, 19 Kensington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-5-36, 19 ..... to 8-6-36, 19 .....

I last saw him alive on 8-6-36, 19 ..... Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer generalized Peritonitis — Date of Onset 8-2

Other contributory causes of importance: .....

Was an operation performed? yes Date of Aug 4

For what disease or injury? gastric ulcer

Name of operation Drained Abdomen Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Sletter, M. D.

(Address) Md. Gen. Hosp.

F 26338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Aiken St. St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helena Klobe Valentin

If U. S. Veteran specify WAR .....

(a) Residence: No. 2326 Aiken St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Valentin

6. DATE OF BIRTH (month, day, year) Aug 4, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Klobe

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dorathea Klobe

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wm H. Valentine

(Address) 2326 Aikin St.

18. BURIAL, CREMATION, OR REMOVAL Grace M.E. Chestnut Ridge, md.

Place Date Aug 9, 1936

19. UNDERTAKER Wm H. Valentin

(Address) 2326 Aiken St.

Huntington Williams, M.D.

Registrar

FILED 8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12 1936 to August 6 1936

I last saw h... alive on August 6 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1.1.36
Secondary Hypertension	" "
Other contributory causes of importance	
Cerebral Embolism	8.6.36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry A. Meyer M. D.

(Address) 1031 N. Carolina Ave.

F 26339 F 26339

HEALTH DEPARTMENT—CITY OF BALTIMORE

154

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 Bolton St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie M. Ebaugh

If U. S. Veteran specify WAR .....

(a) Residence: No. 1836 Bolton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 15-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Zachariah Ebaugh

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Emmacost

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Effie M Ebaugh (Address) 1836 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Aug 8 1936

19. UNDERTAKER Wm Pickup & Sons (Address) North & Fadues.

20. FILED Aug 8 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Aug 5 1936

I last saw h[illegible] alive on Aug 5 1936 Death is said to have occurred on the date stated above, at 7.30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ostes. myelitis of Left Humerus	
Anemia - Secondary	
arteriosclerosis of Vessels of Legs.	aug 1936
Gangrene of both feet	
Other contributory causes of importance:	
Coma.	1936

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W J Love M. D.

(Address) 2211 Eutaw Place

F 26340 F 26340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3037 W. North Ave. Ward 6)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Hudson

(a) Residence: No. 3037 W. North Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank W. Hudson

6. DATE OF BIRTH (month, day, year) Oct. 13, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

FATHER

13. NAME Jacob Eckaut

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Donahoe

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Edith H. Johnson

(Address) 3037 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Aug 8 36

19. UNDERTAKER Wm. Pritchett Sons.

(Address) North & Fulton Aves.

20. FILED Aug 8 1936 Registrar H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25 to Aug 6th 36

last saw her alive on Aug 6th 36. Death is said to have occurred on the date stated above, at 9.35a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardio Vascular Disease with apoplexy left side	
Other contributory causes of importance: Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas Bryan M. D.

(Address) 3147 W North Ave

AUG 8 - 1936

F 26341

F 26341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓458

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Newington Ave St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR 10

2. FULL NAME Moses Wolfsheimer

(a) Residence: No. 710 Newington Ave St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) Nov. 29/1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt-Md

FATHER

13. NAME Nathan Wolfsheimer

14. BIRTHPLACE (city or town) (State or country) [redacted]

MOTHER

15. MAIDEN NAME Babette Schorr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Wolfsheimer

(Address) 710 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chesh Shalom Cem. Date Aug 10/ 1936

19. UNDERTAKER J. Lehnert & Co

(Address) 3432 Reisterstown Rd.

Huntington Williams

Registrar

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936, to Aug 7, 1936

I last saw him alive on Aug 7, 1936 Death is said to have occurred on the date stated above, at 10.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue C.	
metastases	1935
Other contributory causes of importance:	
arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What confirmed diagnosis? Cl Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Henry B. Makover, M. D.

(Address) 2238 Eutaw Place

F 26342

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26342

CERTIFICATE OF DEATH

82a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 Woodyear St., 15-1 Ward)

Length of residence in city or town where death occurred over 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Easton

(a) Residence: No. 1347 Woodyear St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Soloman Easton

6. DATE OF BIRTH (month, day, year) March 23 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	1312	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

FATHER

13. NAME Edward Middleton

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Martha Richardson

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Lottie Brown

(Address) 1347 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/8/ 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston St.

20. FILED ..... Registrar.

8-10-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6-1936 to 8-5-1936

I last saw h[illegible] alive on 8-4-1936 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7-6-36

Other contributory causes of importance:

Arteriosclerosis + Hypertension — unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. and physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank T. [illegible] M. D.

(Address) 1029 N. Stricker St.

26343

F 26343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Boltic Hosp St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MR. DUDLEY POPE

If U. S. Veteran specify WAR

(a) Residence: No. 1442 Williams St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lindsay

6. DATE OF BIRTH (month, day, year) Aug 4-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 0073

10. Date deceased last worked at this occupation (month and year) July 30 - 1936

11. Total time (years) spent in this occupation 30.

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wesley Pope

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Ford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Gertrude Pope.

(Address) 1442 Williams St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Date 8/10 1936

19. UNDERTAKER Rudolph Krug House

(Address) 31 E. Lafayette Ave.

20. FILED 1936 Registrar

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1936. to Aug. 6th 1936.

I last saw him alive on Aug. 6th 1936. Death is said to have occurred on the date stated above, at 11½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis	7/22/36.
Hematemesis	8/4/36.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1936

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Struck leg + was followed by cellulitis

(Signed) Nathan Wolf M. D.

(Address) South Balto Gen. Hosp.

M. D. B 1268-9

F 26344

F 26344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours City Hospital 16-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Lillian Holland Green

If U. S. Veteran specify WAR....

(a) Residence: No. 1314 Edmonson Ave. St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley

6. DATE OF BIRTH (month, day, year) Aug 18 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. homemaker 0037

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation....

12. BIRTHPLACE (city or town) (State or country) Corbinville Maryland

FATHER

13. NAME William Holland

14. BIRTHPLACE (city or town) (State or country) Corbinville Md.

MOTHER

15. MAIDEN NAME Emma (unknown)

16. BIRTHPLACE (city or town) (State or country) Corbinville Md.

17. INFORMANT Stanley Green

(Address) 1314 Edmonson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Howard Co. Md Date Aug 10, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Eutaw St Huntington Williams, Inc

20. FILED AUG 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	

Other contributory causes of importance:

Was an operation performed? ....Date of ....

For what disease or injury? ....

Name of operation.... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) V. M. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave.

F 26345

3A6:69 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 11-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME ~~Mildred~~ Marilyn Copeland

(a) Residence: No. 1027 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-14-32

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME albert Copeland

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Edna Green

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 8, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 3228 Edmondson Ave

20. FILED AUG 8 - 1936 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July-27, 1936 to Aug-6, 1936

I last saw her alive on Aug 6, 1936 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	7-21-36
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? no Date of .....

For what disease or injury? —

What test confirmed diagnosis? Bl. Cult. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. C. Lofler, Jr. M. D.

(Address) Johns Hopkins Hospital

F 26346 F 26346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. 9-9

CITY OF BALTIMORE: (No. 1836 N. Caroline St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 96 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Ann Knighton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1836 N. Caroline St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John T. Knighton

6. DATE OF BIRTH (month, day, year) May 27, 1840

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
96	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Daniel P. Pentz

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME Anna Hare

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mary E. Knighton

(Address) 1836 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 8/10/36 19

19. UNDERTAKER Henry H. Meakes & Son

(Address) 804 N. Gilbert St.

20. FILED 8-1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 7 . 1936

22. I HEREBY CERTIFY, That I attended deceased from June 31 . 1936 to aug 7 . 1936

I last saw her alive on aug 6 . 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decomposition	aug 7/36
Other contributory causes of importance: arteriosclerosis & hypertension	June 7/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Sanderson . M. D.

(Address) 1714 N Caroline St

26347

F 26347

HEALTH DEPARTMENT—CITY OF BALTIMORE

133

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 70-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Washington

(a) Residence: No. 29 N. Bentalou St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Washington

6. DATE OF BIRTH (month, day, year) August 5, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	-	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 1st Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman 0086

10. Date deceased last worked at this occupation (month and year) 7-10-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry W. Washington

14. BIRTHPLACE (city or town) (State or country) Fortress Monroe Virginia

MOTHER

15. MAIDEN NAME Euphan Roy

16. BIRTHPLACE (city or town) (State or country) Matthews Co. Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Vernon Pl. Va. Date 8/10/36

19. UNDERTAKER Geo. Huber & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19 ..... Registrar

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from August 3 . 1936 to August 6 . 1936

I last saw him alive on August 6 . 1936. Death is said to have occurred on the date stated above, at 5:03 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, chronic, suppurative	193
Septicemia, (terminal)	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Baltimore

M. D. B. 1268-9

Zanda ✓ F 26348

26348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 8-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Zanda

(a) Residence: No. Sinai Hosp. St., 1423 N Gilmor Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Zanda

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Jillian Tuma

16. BIRTHPLACE (city or town) (State or country) Preston Md

17. INFORMANT Joseph Zanda
(Address) 1423 Mellon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER Good Shepherd
(Address)

20. FILED ... 19...

G8-1836

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Aug 7, 1936

I last saw her alive on Aug 7, 1936 Death is said to have occurred on the date stated above, at 11 5/6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis - both bases	8/5/36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Theo. E Randy, M. D.

(Address) 635 E Fort Ave

M. D. B 1268-9

F 26349

F 26349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. Paca St. St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Harris

If U. S. Veteran specify WAR

(a) Residence: No. 815 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Harris

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Geo. Frops

(Address) 815 S. Paca. St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul Reform Date Aug 10 1936

19. UNDERTAKER Chas. H. Kuellmanshas

(Address) 637 S. Paca St.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) Aug. (day) 7 (year) 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. D.
Coroner

(Address) 2757 W. North Ave

068-1936

OCCUPATION is very important. See instructions on back of certificate.

F 26350

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26350

CERTIFICATE OF DEATH

34-7

Registered No. 15144

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jorden

(a) Residence: No. 718 N. Mount St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-15-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel wor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Fred Jorden

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Gertrude ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 8-8 19 36

19. UNDERTAKER J. F. Carey to Cem
(Address) 718 Eagle St

20. FILED 8-8-1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1936 to 8-1 1936

I last saw h. l. M. alive on 8-1 1936 Death is said to have occurred on the date stated above, at 2 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic aortic insufficiency with congestive heart failure	May 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Kinney M. D.

(Address) Baltimore City Hospitals

✓ F 26351

26351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 839 N. Fulton St., 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes C. Carlin
If U. S. Veteran specify WAR .....

(a) Residence: No. 839 N. Fulton St., ... Ward.
(Usual place of abode) Loyola (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Raymond C

6. DATE OF BIRTH (month, day, year) Jan 10 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month, year) 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Cross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Haines

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Raymond C Carlin
(Address) 839 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Date Aug 10 1936
Where Pk of Rocks Md

19. UNDERTAKER William Cook
(Address) 1217 St Paul St
William Cook, Jr.
(Signature of Undertaker)

9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 — 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11 1936 to Aug. 8 1936
I last saw her alive on Aug. 8, 1936 Death is said to have occurred on the date stated above, at 1220 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri	Oct. 1935
Partial intestinal obstruction	July 1936
Terminal cardiac failure	Aug. 7. 1936
Other contributory causes of importance: Secondary anaemia	Mar. 1936

Was an operation performed? Yes Date of Nov. 1935
For what disease or injury? Cause of death
Name of operation Cauterization of cervix Date of Nov. 1935
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, (specify)
(Signed) J. Reudig Wallace M. D.
(Address) 2839 Walbrook Ave.

✓ F 26352

26352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-2 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Chapelgate Road St., 39 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Rosenberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 1151 E. Balto. St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rebecca M. Rosenberg

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Hyman Rosenberg

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mindel

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rebecca M. Rosenberg

(Address) 1151 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Wurfmen Circle Date 8-9 1936

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto. St

Huntington Wilkes, Funeral Director.

8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1922, 19..., to Aug 1936

I last saw h[illegible] alive on Aug 1 1936. Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	1 d
Other contributory causes of importance:	
Pneumonia, hypostatic	7 d

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) W. Bayless M. D.

(Address) 740 Eutaw Pl

M. D. P. 1268-9

✓ F 26353

26353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No. Heben Home for Aged & Infirm Ward.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Mrs. Sosa Barnack

(a) Residence: No. Belredere & Greenspring Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irving Barnack

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Feinblatt Supt. (Address) Belredere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Mt. Olivet Cem. Date 8-9 1936

19. UNDERTAKER Jack Lewis Inc. (Address) 1439 Eutaw St.

20. FILED Huntington Willis Registrar 8-9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-29 1936 to 8-8 1936

I last saw h.e alive on 8-8 1936 Death is said to have occurred on the date stated above, at 10.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardiac hypertrophy	
Chr. nephritis	
Other contributory causes of importance:	
Chr. Bronchitis	
Cataracts.	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D Edmund Keen M. D.

(Address) Lemdale

M. D. B. 1268-9

26354x

✓ F 26354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4312 Fernhill ave St. 28-1 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Frenkil

(a) Residence: No. 4312 Fernhill ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Israel Frenkil

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Sophie Silker

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Samuel Frenkil
(Address) 4312 Fernhill ave

18. BURIAL, CREMATION, OR REMOVAL
Place Reform Mt Carmel Date Aug 9 1936

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St.

20. - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to August 8, 1936
I last saw him alive on August 8, 1936. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular Disease	1930 -
Coronary occlusion	1933 -
Coronary occlusion	1935 -
Cerebral accident	1935 -
Pulmonary edema	1936 -
Other contributory causes of importance:	
Thrombo-phlebitis left leg -	1932
uremia -	1936

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley Edel M. D.

(Address) 3403 Garrison Blvd

F 26355 M. & T.—500 Blks. F 26355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Good Shepherd Hospital St. 4 Ward 3
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah L. Green

(Residence in Baltimore: No. 1809 Mc Culloh St.; 40 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-~~SINGLE, MARRIED, WIDOWED, or DIVORCED.~~ (Write the word.) Widowed

6-DATE OF BIRTH. June (Month) ... (Day) 1865 (Year)

7-AGE. 71 yrs. 7 mos. ... ds.

If LESS than 1 day ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). 0070

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER. Violet Alexander

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Baskerville

(Address) 1809 Mc Culloh St.

15-

Filed ... Huntington Williams ... Registrar.

8 - 1936

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 7 (Day), 1936 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 11 1936 to Aug 6 1936 that I saw h[illegible] alive on Aug 6 1936 and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Vascular Renal Disease

Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Duration ... yrs. 2 mos. 4 ds.

(Signed) H. E. Hughes M. D.

Aug 8, 1936 (Address) 4430 Sand Hill Dr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. 8-10, 1936

20-UNDERTAKER Frances A Hemsley

ADDRESS 5-78 W Biddle St

M. D. B 1268-9

26356 (Parker)

F 26356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 W Lanvale St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Parker

(a) Residence: No. 1002 W Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 13-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Thomas Campbell

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Annie Savage

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Thomas Henry

(Address) 1002 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 8-10 1936

19. UNDERTAKER Francis H. Lemley

(Address) 508 N Eutaw St

20. [illegible] Registrar. Eutaw Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1935
Diabetic gangrene of left foot	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

I hereby certify

(Signed) George L. Collins M. D.
Coroner

(Address) 501 Divinity Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 26357

26357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Belmont Ave 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ..... mos. ..... ds.

2. FULL NAME Clifford F. House

(a) Residence: No. 3115 Belmont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie G. House

6. DATE OF BIRTH (month, day, year) May 9 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bureau of Woods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Commission

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Black Creek Niagara Falls Canada

FATHER

13. NAME Michael F. House

14. BIRTHPLACE (city or town) (State or country) Queenston Canada

MOTHER

15. MAIDEN NAME Catherine Glanerbell

16. BIRTHPLACE (city or town) (State or country) Wayne Co. Mich. Canada

17. INFORMANT Minnie G. House

(Address) 3115 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 10 1936

19. UNDERTAKER Josiah Lyber

(Address) 1201 N. North Ave

20. FILED Aug 10 1936 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1935 to Aug. 7th 1936

I last saw h... alive on Aug 7th 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	
(b) Influenza	
(c)	

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Bruce Brady, M. D.

(Address) 3045 W North Ave

8-1936

26358 ✓ F 26358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alta May Williams

(a) Residence: No. 480 Franklinton Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 9 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	11	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wrapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery 0003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) Louisville Ky.

MOTHER

15. MAIDEN NAME Mary Atchinson

16. BIRTHPLACE (city or town) (State or country) Louisville Ky.

17. INFORMANT Sister

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 10. 1936

19. UNDERTAKER Harry H Wiltzke

(Address) 4101 Annandale Ave

FILED 9-1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1936, to Aug 6, 1936

I last saw her alive on Aug 6, 1936. Death is said to have occurred on the date stated above, at 12 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	8-1-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schwentker M. D.

(Address) SYDENHAM HOSPITAL

F 26359

M. D. B.—1263-9

26359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St. 5-1 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J Yeager

(a) Residence: No. 147 N. Front St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Otto Yeager

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lillian Cook

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Otto Yeager (Address) 147 N Front.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Aug 10 1936

19. UNDERTAKER John C. Miller (Address) 2433-35 E. Monument

..... 1936 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Brain	
Caused by Bullet Wound of	
Both Temples	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 8/7 1936

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 617 N. Calvert St. Room

Manner of injury Shot Thru Both Temples

Nature of injury Bullet Wound Passing Thru Brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irvin B. Flatley M. D.

(Address) 103 St Paul

N. B.—WRITE PLAINLY, with pen and ink. All items must be carefully supplied. AGE should be stated in years and months. Exact statement of information should be carefully supplied. AGE should be properly classified. Exact statement of information should

F 26360

26360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34D-90

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel T. Ross

(a) Residence: No. Pleasant Hill Med St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosanna (Wife

6. DATE OF BIRTH (month, day, year) 8/12/1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 54	— 11	— 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Rwy.

10. Date deceased last worked at this occupation (month and year) 0 7 3

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER FATHER

13. NAME John. Ross

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Patient

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Aug 12, 1936

19. UNDERTAKER Frank H. Newell

(Address) Pikesville Md.

FILED 9-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to August 9, 1936

I last saw him alive on Aug 8 1936. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Heart Disease	?
Other contributory causes of importance: Pericarditis (Tuberculous	8/7/36

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Grafton Hargrove, M. D.

(Address) Mercy Hospital.

F 26361 F 26361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL, Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly Armstrong

(a) Residence: No. Edenton - Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5-6	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

FATHER

13. NAME Henry Bose

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Family -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Stephen Cemetery Glen Rock Pa Aug 12 1936

19. UNDERTAKER J. H. Griffith & Sons
(Address) Glen Rock Pa.

20. FILED AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Aug 9, 1936

I last saw her alive on Aug 8, 1936 Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of thyroid & multiple metastases.	
Other contributory causes of importance: Obstruction of trachea	

Was an operation performed? Yes Date of Sept. 1935

For what disease or injury? Tracheal obstruction due to Cancer of thyroid

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

— If so, specify —

(Signed) Donald Hunter, M. D.

(Address) Johns Hopkins Hospital

F 26362

M. D. B 1268-9

26362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓121

Registered No. 686

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Lee Kenney

(a) Residence: No. 1609 N. Regester Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harmar C. Kenney

6. DATE OF BIRTH (month, day, year) Nov. 21st, 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Kerson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Caroline Freeman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Harmar C. Kenney (Husband)

(Address) 1609 N. Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Aug. 10, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue.

20. FILED AUG 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10 15 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, caused, by ruptured appendix by infection from same	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Frank Coroner, M. D.

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 26363 F 26363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Burkett

If U. S. Veteran specify WAR .....

(a) Residence: No. 619 Eator Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 3, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lloyd Burkett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Constance Wyatt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Wyatt

(Address) 619 Eator Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 8/10/36 19

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

AUG 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1936

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1936, to August 8, 1936

I last saw him alive on August 8, 1936. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (about 8 months)	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hospital

26364 E 26364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Presbyterian Hospital 1017 E Balto St 64-a

CITY OF BALTIMORE: (No. ..... St., 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOHN WENZEL

If U. S. Veteran specify WAR .....

(a) Residence: No. 1436 Marshall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Margaret Wenzel

6. DATE OF BIRTH (month, day, year) Oct. 4, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forrester Bros.

10. Date deceased last worked at this occupation (month and year) Bedding Co. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John J. Wenzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Fulda

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. John Wenzel 1436 Marshall Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross A.A.Co. Date 8-12 1936

19. UNDERTAKER (Address) Margaret G. Flynn 1422 Light Street

20. FILED 19 ..... Registrar

10 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7 1936 to Aug. 9 1936

I last saw him alive on Aug. 9, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcus Medus, Bil	Auth.
Acute Mastoiditis, Bil	Aug. 5

Other contributory causes of importance:

Spinal Meningitis	Aug 6

Was an operation performed? None Date of —

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. N. Shutt, M. D.

(Address) 1017 E. Balto St.

F 26365

F 26365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles A. Plantholt

(a) Residence: No. 1029 N. Central Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Plantholt

6. DATE OF BIRTH (month, day, year) Jan. 9, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gold Leaf Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John F. Plantholt

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Theresa Albert

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Anna C. Plantholt
(Address) 1029 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Aug. 11 19 36

19. UNDERTAKER Henry Hook Sons, Inc.
(Address) 1301 E. Fayette St.

Huntington Williams, M.D.
Registrar.

AUG 10 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Alvin B. Wallace M.D.

(Address) 1031 St. Paul St.

3 copies 26366

26366 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Presstman St. 16th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Bloom

If U. S. Veteran specify WAR .....

(a) Residence: No. 2206 Presstman St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0001

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Laraine Date 8/10/36 19

19. UNDERTAKER Jack & Levy Inc.
(Address) 1739 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9/36 19

22. I HEREBY CERTIFY, That I attended deceased from 6/ /20 1920 to 8/9 1936

I last saw him alive on 8/9 1936 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	8/4/36
General Arteriosclerosis	1920
Other contributory causes of importance:	
angina Pectoris	1920

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Ginsberg, M. D.

(Address) 2220 Eutaw Pl.

M. D. B. 1268-9

26367

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26367

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 56 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Foland

(a) Residence: No. 2117 Presbury St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Foland

(Address) 2132 Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Date 8/10/36 19

19. UNDERTAKER Jacob Levin Inc

(Address) 1457 E. Baltimore St.

20. FILED 10 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 13 . 1936 to Aug-9-36 . 19

I last saw h.. alive on 8-9-36 . 19 . Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 - Diabetic gangrene - Rt. foot	July 1?
2 Generalized Toxemia	

Other contributory causes of importance:

Diabetes Mellitus	?

Name of operation Amputation mid thigh Date of July 31 1936

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton Levin M. D.

(Address) M. D.

OCCUPATION is very important. See instructions on back of certificate.

S. 2

F 26368

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26368

148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 9546

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Carter

(a) Residence: No. 1003 W. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Carter

6. DATE OF BIRTH (month, day, year) 11-28-~~86~~ 01

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~30~~ 34	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Georgianna Rhodes

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 10, 36

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED 10 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1935 to 8-8, 1936

I last saw ~~her~~ alive on 8-8, 1936. Death is said to have occurred on the date stated above, at 3:57 ~~P~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri	15 mo.
Other contributory causes of importance:	
Hemorrhage	Days

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) [signature] M. D.

(Address) Balt. City Hospitals

F 26369 F 26369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3939 Boarman Ave St., 15-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella M. Dodson

If U. S. Veteran specify WAR .....

(a) Residence: No. 3939 Boarman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert A. Dodson

6. DATE OF BIRTH (month, day, year) April 5, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alonzo Wolf

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert A. Dodson

(Address) 3939 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 10, 1936

19. UNDERTAKER John Ottenstein Sons

(Address) 1900 Eutaw Place Baltimore, Md.

AUG 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 7th. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7th. 1936 to aug 7th. 1936

I last saw h[illegible] alive on aug. 7th. 1936. Death is said to have occurred on the date stated above, at 3.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion &	8 hrs
Cerebral Hemorrhage	8 hrs
Other contributory causes of importance:	
Diabetes Mellitus	3, 4 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. E. Poulton, M. D.

(Address) 3909 Garrison Ave.

F 26370

F 26370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 1214

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. of Md. Hos. 4 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen J. Leslie

(a) Residence: No. Woodlawn md St., St. James Road - Rockdale Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Helen B. Leslie

6. DATE OF BIRTH (month, day, year) Feb 9, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reporter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore News newspaper
10. Date deceased last ~~worked~~ at this occupation (month and year) At time of death
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Charles B. Leslie
14. BIRTHPLACE (city or town) (State or country) California

MOTHER

15. MAIDEN NAME Katherine Hayde
16. BIRTHPLACE (city or town) (State or country) California

17. INFORMANT Helen B. Leslie
(Address) Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olive Cemetery Date Aug 10, 1936

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

Registrar

20. FILED AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/5/36, 19..., to 8/8/36, 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
appendicitis, generalized, peritonitis	8/4/36

Other contributory causes of importance:

Was an operation performed? appendectomy Date of 8/6/36
For what disease or injury? appendicitis
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schofield, M. D.
(Address) Assistant Hospital

M. D. B. 1268-8

F 26371

F 26371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Edmondson Ave, St., 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Malinda King

(a) Residence: No. 1431 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshfield King

6. DATE OF BIRTH (month, day, year) July 9 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Petersburg Prince George Co Va

FATHER

13. NAME Ephram Hays

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Richard King

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 10, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

Lexington Williams, Registrar

AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 1030 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann, Coroner, M. D.

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 26372

F 26372 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 48

CERTIFICATE OF DEATH

#12094 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 11-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Lee

(a) Residence: No. 210 W. Biddle St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of Edward
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-3-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George Brickus

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sadie Bailey

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 10 1936

19. UNDERTAKER Edw Bryan

(Address) 1647 Orleans St

AUG 10 1936 Huntington Avenue Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3-36, 19, to 8-4, 1936

I last saw h.r alive on 8-4 19 36 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix with Metastasis

Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. C. Brantigan M. D.

(Address) Baltimore City Hosp

M. D. B 1268-9

F 26373

F 26373 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Callow Ave St., 13-2 Ward)

Registered No. 164-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Simon Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2108 Callow Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Young Men Date 8/10/36 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1143 E. Baltimore St.

20. FILED AUG 10 1936 Registrar Huntington Nat[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8/36. 19

22. I HEREBY CERTIFY, That I last saw the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	8/8/36
from Illuminating Gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury Aug 8, 1936

Where did injury occur? 2108 Callow ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling Illuminating Gas

Nature of injury Carbon Monoxide poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Schnorrer M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 26374

26374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84

Registered No. 27-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4820 Kenwood St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Edith Cynthia Gallon

(a) Residence: No. 4820 Kenwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1 - 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard N. Gallon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Maud Stuckem

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Maud Gallon

(Address) 4820 Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 11 1936

19. UNDERTAKER H. Rayard Sons

(Address) North Point

20. FILED AUG 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Aug 8 1936

I last saw h[illegible] alive on Aug 8 1936. Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	1933
Has taken no food for 30 days	
Other contributory causes of importance: Dementia Precox	1930

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation No Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm Gibson Porter M. D.

(Address) 4822 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

F 26375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26375

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Harrison Blvd St., 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Eileen Palmer

(a) Residence: No. Palmers - Md. St., rural Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Miles Palmer

6. DATE OF BIRTH (month, day, year): Mar. 1, 1881

7. AGE — Years: 55 | Months: 5 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 1937

12. BIRTHPLACE (city or town) (State or country): Wheeling W. Va.

FATHER

13. NAME: Edw. S. Stubbs

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Ella Smith

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Miss Edith A. Stubbs

(Address) 3723 Fortonia Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug 10 36

19. UNDERTAKER: Wm. H. Eckles Sons

(Address) North & Paves.

20. FILED: AUG 9 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936 to Aug 7, 1936

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at 2.05 a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 mos
Other contributory causes of importance: Intestinal Stasis	20 yr

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Clinical ... autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D.

(Address)

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. F. 1268-9

F 26376

HEALTH DEPARTMENT—CITY OF BALTIMORE

26376

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home and Infirmary (Ward) 137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. 2 mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Miss Eva Jennings.

(a) Residence: No. 40th St. & Kelwick Road St., ... Ward. Home for Incurables Easton Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 3, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	63	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .... (State or country) New Jersey

MOTHER FATHER

13. NAME David Jennings

14. BIRTHPLACE (city or town) .... (State or country) New Jersey

MOTHER

15. MAIDEN NAME Sarah Adams

16. BIRTHPLACE (city or town) .... (State or country) New Jersey

17. INFORMANT Avery Tuttle

(Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Easton Md Date 8/12 1936

19. UNDERTAKER James A Spence

(Address) Easton Md

8 13 1936 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to August 9, 1936

I last saw her alive on August 9, 1936 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral ovarian carcinoma with abdominal metastasis	Apr. 1936.
Other contributory causes of importance: Separation bowel and his mission	July 24 '36

Name of operation Exploratory laparotomy Date of 7/15/36

What test confirmed diagnosis? Question Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infr

F 26377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. 28-3 191

CITY OF BALTIMORE: (No. ..... St. ..... Ward ...)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Karl Mekins

(a) Residence: No. Oak Shire - Kingsville, Texas Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/6/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo -

FATHER

13. NAME Karl Mekins

14. BIRTHPLACE (city or town) (State or country) Mo -

MOTHER

15. MAIDEN NAME Estelle White

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Friends

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Old Bethel Lutheran Church Cemetery, Catonsville Date Aug 10 1936

19. UNDERTAKER John F. Henry

(Address) 715 Light St.

20. FILED ... 19 ... Registrar ...

AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 1936 to Aug 7 1936

Last saw him alive on Aug 7 1936 Death is said to have occurred on the date stated above, at 5-45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	7-16-36
following heat prostration	7-
Other contributory causes of importance:	
Exposure	7-16-36

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. S. Leffler M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26378

F 26378 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2513 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William A. Brittain

(a) Residence: No. 2307 Sidney Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Bessie M. Brittain

6. DATE OF BIRTH (month, day, year) Dec. 17, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	61	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William A. Brittain

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Kate Enkelaard

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT William A. Brittain

(Address) 4600 N. Clair Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 8/11 19 36

19. UNDERTAKER Richard F. Cowley

(Address) 1641 Edmondson Ave. Herbert Williams, Reg.

20. FILED 19 Registrar.

AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1910 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 26379

F 26379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Dorchester Road St., 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GRACE CECELIA GREINEISEN

(a) Residence: No. 3703 Dorchester Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl M. Greineisen

6. DATE OF BIRTH (month, day, year) Dec. 22nd. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward J. Joyes

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Marcella Jean

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT I Jean Joyes

(Address) 3703 Dorchester Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug. 11th. 36

19. UNDERTAKER Chas. H. Grant & Son

(Address) 118 W. Mt. Royal Ave

Registrar

20. FILED , 19

G 10 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8th. 36

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to Aug 8th. 1936

I last saw her alive on Aug 4th 1936 Death is said to have occurred on the date stated above, at 6 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	

Other contributory causes of importance:

Was an operation performed? yes Date of Sept 1934

For what disease or injury? Carcinoma of breast

Name of operation Complete breast Date of Sept 34

What test confirmed diagnosis Sand Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H H Pearse M. D.

(Address) 2105 Eutaw Pl

F 26380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Randolph

(a) Residence: No. 300 S. Wash. St. St., ... Ward. Austin - Texas

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/16/84

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
51	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H - Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME W. Burnell Laffoon

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Sue McAlister

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records - (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Madisonville Tex Date 8/18/36 19

19. UNDERTAKER J. O. Mitchell (Address) Funeral Home

20. FILED ..... 19 ..... Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1936 to Aug 10, 1936

I last saw him alive on Aug 10, 1936 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - benign	Last year
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-4-36

For what disease or injury? Brain tumor - benign

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David H Sprong Jr M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26381

M. D. B. 1284-A

F 26381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp (Ward) 8

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Henry Patterson

(a) Residence: No. 3737 Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 23 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21 22	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Patterson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Daisy McDonald

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daisy McDonald
(Address) 3737 Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Aug 11, 1936

19. UNDERTAKER Chenoweth & Son
(Address) 2115 E Fayette St

20. FILED ..... 19 ..... H. E. Williams, Registrar.

6 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull (Post)	8/8/36
Concussion	8/8/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/8/36 19 .....

Where did accident occur? Home Residence Age 24 Yrs
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Automobile attempted to pass a truck & struck it

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley Coates, M. D.
Coroner

(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

26382 ✓ F 26382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 W 25th St St. 12-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice L. Weitzell

(a) Residence: No. 422 W 25th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of (Late Frederick Weitzell

6. DATE OF BIRTH (month, day, year) Mar. 10, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard Ash

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Fisher

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthur Ash.
(Address) 418 W 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hampden Aug 10, 1936

19. UNDERTAKER Clemmer & Son
(Address) 3615 Clements Ave Huntington Williamson, W. Va.

20. Filed ..... 19 ..... Registrar.

AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to Aug. 5, 1936

I last saw h Cr alive on Aug. 5 1936 Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	July 29, 1936

Other contributory causes of importance:

Pneumonary Tbc.	2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to Aug. 5, 1936 and last saw h Cr alive on Aug. 5 1936 Death is said to have occurred on the date stated above, at 1.00 P m.

(Signed) Herman Pierman, M. D.
(Address) 1817 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

26383 ✓ F 26383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital No-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 16 ds. How long in U. S. If of foreign birth --yrs. --mos. --ds.

2. FULL NAME Rev. Eugene F. Harrigan

If U. S. Veteran specify WAR

(a) Residence: No. St Charles College St. Timonsville Ward Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/21/89

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mark Harrigan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Cecilia Wallace

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Chas. College Cem. Date 8/12 1936

19. UNDERTAKER Henry U. Mears & Son

(Address) 802 N. Calvert St.

10 1936 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1936 to 8/7 1936

I last saw him alive on 8/7 1936 Death is said to have occurred on the date stated above, at 8:57 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Transverse Myelitis.	
c Segmental Pneumonia	
Pyelitis & Cystitis	

Other contributory causes of importance:

Decubitus ulcers

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

26384

✓F 26384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Bolton St. St., 11-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Emory, Jr.

(a) Residence: No. 1307 Bolton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Brady

6. DATE OF BIRTH (month, day, year) Feb. 4, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Emory

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eleanor Hunt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Bessie B. Emory

(Address) 1307 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas - Garrison Forest Date 8/11 1936

19. UNDERTAKER Henry W. Maus & Son

(Address) 805 N. Calvert St.

20. FILED [illegible] Huntington Williams, Jr. Registrar

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8th 1936 to August 9th 1936

I last saw him alive on August 9th 1936. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary disease of two years standing - Endocarditis - Myocarditis

Date of onset 8.5.36

Other contributory causes of importance:

Was an operation performed? ✓ Date of .....

For what disease or injury? ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Edward Stahl, M. D.

(Address) 1515 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

26385

✓ F 26385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. 21-1 St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Phyllis Streib.

(a) Residence: No. 1236 Denver Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of	6. DATE OF BIRTH (month, day, year)
Infant	March 29 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Edward Streib

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Gladys Katz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward Streib

(Address) 1236 Denver St

18. BURIAL, CREMATION, OR REMOVAL

Place Baugher Bal Date Aug 12 1936

19. UNDERTAKER H. Brand Sons

(Address) 1200-02 Pennsylvania Ave

Washington D.C.

(Signature and Address of Embalmer.)

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1936, to August 10, 1936.

I last saw her alive on August 10, 1936. Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic anemia	about Aug. 1, 1936
	over

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathan Wolf, M. D.

(Address) 20 Bretton Sq. Hospital

OCCUPATION is very important. See instructions on back of certificate.

26386

✓ F 26386

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park Ave St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa C. Tuttle

(a) Residence: No. The Taylor 2001 Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur J Tuttle

6. DATE OF BIRTH (month, day, year) Mch. 15/1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sylvester Clifford

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett Spencer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Hull

(Address) 2001 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Date Aug. 11 1936

19. UNDERTAKER Chas E Franck

(Address) 502 Madison Ave

Huntington Williams, M.D. Registrar.

AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8 1936

22. I HEREBY CERTIFY, That I attended deceased from August 6 1936 to August 8 1936

I last saw h.. alive on 8/8 1936 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Embolism	2 hrs.
Other contributory causes of importance:	
Arteriosclerosis	?
Chronic Nephritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack A. Morgan M. D.

(Address) 6-E-Read St.

OCCUPATION is very important. See instructions on back of certificate.

F 26387

26387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 15564 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1901 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Collins

(a) Residence: No. 1608 E. Orleans St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 6-8-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Lane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 10 1936

19. UNDERTAKER Troy G Wilson
(Address) 1000 Bradley Ave.

[illegible] Eugene Williams

10 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/1936

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1936 to 8-6 1936

I last saw h. l. alive on 8-6 1936 Death is said to have occurred on the date stated above, at 10-10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis 1312 933	11 years
Hypertensive Cardio-Vascular Dis.	11 years
Uremia 1322	7-27-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 26388

F 26388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Holmes

(a) Residence: No. 1000 W. Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 19 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	19	10 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Parham

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mildred Holmes

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mildred Holmes

(Address) 1000 Lafayette ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 10. 1936

19. UNDERTAKER Lodge & Nelson

(Address) 1323 Pennsylvania ave

AUG 10 1936 , 19 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Aug. 9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1936 to Aug. 9 1936

I last saw D.E.R. alive on Aug. 9 1936. Death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Simple Encephalitis	8-6-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman, M. D.

(Address)

26389 ✓ F 26389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-6

Registered No. 27-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6111 Harford Road St. 27 Ward 5) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella W. Brower If U. S. Veteran specify WAR

(a) Residence: No. 6111 Harford Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Brower, Sr.

6. DATE OF BIRTH (month, day, year) May 21, 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME James K. Bowman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Isabella Warnock

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John B. Brower, Sr.

(Address) 6111 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug. 11/36 19

19. UNDERTAKER Harry Tilbert

(Address) 4101 Edmondson Ave.

10 1936 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 . 1936 to Aug 9 . 1936

I last saw her alive on Aug 9 . 1936 Death is said to have occurred on the date stated above, at 6 12 p.m.

The principal cause of death and related causes of importance were as follows:

Rt Hemiplegia — Date of onset 7/31/36

cerebral Hemorrhage

Other contributory causes of importance:

arterio Sclerosis — a number 7 years

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

F 26390

26390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Agnes Hospt 70-8 St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME James A O'Mara
(a) Residence: No. 410 Prescott Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Agnes A O'Mara
6. DATE OF BIRTH (month, day, year): Feb 13 1882
7. AGE: Years 54 Months 7 Days 6 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Broker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 10 odd

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Edward O'Mara
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Honora Fitzgerald
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Hospt Record
(Address)
18. BURIAL, CREMATION, OR REMOVAL: 8/11/36
Place: Cathedral Cem
19. UNDERTAKER: Frank E Fahey
(Address) Fulton & Fayette
Filed AUG 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8 1936
22. I HEREBY CERTIFY, That I attended deceased from July 22 1936 to August 8 1936
I last saw him alive on August 8 1936 Death is said to have occurred on the date stated above, at 12 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	August 36
Lobar Pneumonia	" "
Abscess within left eye.	8/0/36
Strept. Meningitis.	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. H. Llewelyn M. D.
(Address) St. Agnes' Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

26391 ✓ F 26391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 E. 20th St., 17-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Hall

(a) Residence: No. 216 E. 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1847

7. AGE Years	Months	Days 24	If LESS than 1 day, hrs. or min.
89	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Powhatan, Va.

FATHER

13. NAME John M. Hall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary A. Shackleford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Georgia Halbert

(Address) 308 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date Aug. 11 1936

19. UNDERTAKER Albert H. Tregoning

(Address) 710 E. North Ave.

[illegible] Hilton Pettigrew, Registrar.

AUG 10 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Aug. 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26th 1934 to May 30th 1936

I last saw her alive on July 23 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Arterio Sclerosis	
Old Age	

Other contributory causes of importance:

Heart failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Reginald J. Tonry, M. D.

(Address) 414 E. North Ave

F 26392

26392
317/60

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Plaut Jr.

(a) Residence: No. 8747-166 St., Jamaica Ward. N. York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 4-18-20

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Ralph Plaut

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Gertrude Cahill

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records
(Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Mamonides Cem. Brooklyn, N.Y. Date Aug. 11 1936

19. UNDERTAKER Klein Hogrebin & Co.
(Address) 1902 Eutaw Place

20. FILED 19 Registrar.

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 9. 1936 to August 10. 1936
I last saw him alive on August 10. 1936 Death is said to have occurred on the date stated above, at 8³⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - Malignant - recurrent	3 months ago
Other contributory causes of importance:	

Was an operation performed? yes Date of 8-10-36

For what disease or injury? Brain tumor - malignant

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David H Sprague M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26393

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Tuberculosis Division Baltimore City Hospitals 17-3 Ward)

Registered No. 13080
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Leon Selby

(a) Residence: No. 788 W. Franklin Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 10, 1901 ~~1891~~

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35 ~~45~~	6	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Mac Selby

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Mary Sneed

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmont Date 5/12 19 36

19. UNDERTAKER Chas A. Gorsuch
(Address) 1st Lt. Infantry

20. FILED ....., 19.... Registrar.

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to August 7, 1936

I last saw him alive on August 7, 1936 Death is said to have occurred on the date stated above, at 8:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lew H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 26394 F 26394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Williams St. 24-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Etna E. Lawson

If U. S. Veteran specify WAR.....

(a) Residence: No. 910 Williams St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grover C. Lawson

6. DATE OF BIRTH (month, day, year) Feb. 16. 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palmar, Va.

FATHER

13. NAME Robert Howard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Jane Thomasson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Miss Birdie Howard

(Address) 910 Williams St.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va. Date Aug. 12, 1936

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

20. FILED Aug 12 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sep 1933, 19..., to Aug 10, 1936

I last saw h[illegible] alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Gen Carcinomas

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. Wallace Weber, M. D.

(Address) 827 Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

v s 2

G 11 1936

F 26395

F 26395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital Baltimore, Md. St. 12-6 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

War Service: World War

2. FULL NAME Thomas M. McMichael

(a) Residence: No. Londonderry, Ireland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Line man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

10. Date deceased last worked at this occupation (month and year) 1917.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Londonderry Ireland

FATHER

13. NAME Thomas McMichael

14. BIRTHPLACE (city or town) (State or country) Londonderry Ireland

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Londonderry Iraland

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL U.S. National Date 8/12 36

19. UNDERTAKER (Address) Robert Brooks & Son Calhoun & Hoffman Sts

Registrar. R. Eugene Williams, MD

20. FILED AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27 ..... 1936 to August 9 1936

I last saw h.. im alive on August 9 ..... 19 36 Death is said to have occurred on the date stated above, at 9:40P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial heart disease.	Unknown
Other contributory causes of importance:	
Chronic cholecystitis with chole-lithiasis.	Unknown
Chronic cystitis.	Unknown

Was an operation performed? Yes Date of July 10, 1936

For what disease or injury? Cholelithiasis

Appendicitis, Chronic.

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L L Bryant M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

F 26396

F 26396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. 14723

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Allen

(a) Residence: No. 933 S. Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Allen

6. DATE OF BIRTH (month, day, year) October 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~60~~ 59		10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Smith Henry Long

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Stevenson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 12 1936

19. UNDERTAKER James A. Stamper
(Address) 1142 W. Fayette St.

AUG 11 1936 19 Huntington Williams, M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11-36, 19, to 8-9, 1936

I last saw her alive on 8-9, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with Metastasis	1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Arentzen, M. D.

(Address) Baltimore City Hosp.

F 26397

F. D. R. 1206-B

F 26397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles S. Hiller

(a) Residence: No. 1816 McHenry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

life

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 6, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H. Hiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Hiller (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Imhoff (Sister)

(Address) 402 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug. 11, 1936

19. UNDERTAKER Harry H. Sitzke

(Address) Hollander-Williams Huntington Williams, Inc.

20. Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above. 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	March 1936
Suudenly	Aug. 8th. 1936
Other contributory causes of importance: Anginal Attacks since Mar.	1936

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Chiefs, M. D. Coroner

(Address) 1939 Edmondson Ave.

AUG 11 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 26398

F 26398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Bond St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tillie Banks

(a) Residence: No. 1007 N. Bond St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color ~~or Race~~	5. Single, Married, Widowed, or Divorced (write the word)
f	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/19/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	45	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Odd~~ at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Abraham Banks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Virginia Donnock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Evelyn Cook

(Address) 927 Rutland Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date 8/12 1936

19. UNDERTAKER R. L. Elliott & Daughter

(Address) 1129 N. Caroline St

Huntington Williams

AUG 11 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/7 1936 to 8/8 1936

I last saw h. alive on 8/8 1936 Death is said to have occurred on the date stated above, at 6:20 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Aug. ? 36
Other contributory causes of importance:	
chr. Interstitial Nephritis	?

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) Rayner Browne M. D.

(Address) 1500 E. Madison St.

STATE CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

F 26399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26399

176

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 26 Ward 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Mrs Julia Weidner

(a) Residence: No. 900 N. Macon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Mr. Frederick Weidner

6. DATE OF BIRTH (month, day, year) Dec. 20, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Reichard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Austina Kuett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Weidner

(Address) 900 N. Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug. 12, 1936

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED AUG 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to August 9, 1936.

I last saw her alive on August 9, 1936. Death is said to have occurred on the date stated above, at 12 ~~M~~ P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	6/27/36
Cholelithiasis	6/27/36
Common duct stones	6/27/36
Apoplexy	8/6/36
Other contributory causes of importance:	
~~Apoplexy~~	~~8/6/36~~

Name of operation Cholecystotomy Date of 8/3/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infirmary.

State CAUSE OF DEATH in plain terms, so that it may be properly coded. Enter OCCUPATION in very important. See instructions on back of certificate.

F 26400

F 26400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 12-4 Ward)
Baltimore, Md.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wesley Brown War Service: World War.

(a) Residence: No. 414 E. 21st St., Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Rothenberger

6. DATE OF BIRTH (month, day, year) July 9, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman PRR 093

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May, 1936.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Maude Baugher

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National, Baltimore, Aug. 13th, 1936

19. UNDERTAKER (Address) Geo. M. Fink & Son 811 N. Wolfe St.

19 Huntington Ave. Baltimore, Md.

Registrar.

G 11 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 or 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25 1936 to August 8 or 9, 1936

I last saw him alive on August 8 or 9, 1936. Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	2 das.
Gastric ulcer	Since 1933
Other contributory causes of importance:	
Uremia	2 das. Aug. 7
Intestinal hemorrhage, moderate.	Since 1936
Pulmonary edema, terminal.	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) K. K. Bryant, M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

F 26401

26401 314459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 64 St., Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Louis Kraemer

(a) Residence: No. 1907 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rosa

6. DATE OF BIRTH (month, day, year) Oct 28-1893 12/28/93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None per C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Kraemer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gertrude Ghen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Interred Loraine Date 8/11/36 19

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Baltimore St.

AUG 11 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7 1936 to Aug 10 1936

last saw him alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 10 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma c metastasis	1 year
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. H. Rhwine M. D.

(Address) J. H. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 26402

F 26402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Bolton St., 14-1 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A. Boyer Jr.

(a) Residence: No. 1802 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Boyer

6. DATE OF BIRTH (month, day, year) September 17, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traffic Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. Co.

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A. Boyer Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anne Kimberly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma F. Boyer
(Address) 1926 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date Aug 11, 1936

19. UNDERTAKER Heuisler & Gork
(Address) 1617 St Paul St.

20. FILED AUG 11 1936, 19 Clayton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated, Aug. 10, 1936, 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in head	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Aug 10, 1936

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Pistol

Nature of injury Bullet through head

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. Hann, M. D.
Coroner

(Address) 1715 Hanover

AUG 11 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26403 Corning F 26403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital — 186-a — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Irving — If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 Calvert Spring Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Randolph Irving

6. DATE OF BIRTH (month, day, year) July 29 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Kramer

14. BIRTHPLACE (city or town) (State or country) Bonang Germany

MOTHER

15. MAIDEN NAME Theresa Walter

16. BIRTHPLACE (city or town) (State or country) Bonang Germany

17. INFORMANT Mrs. Theresa Kreiner
(Address) 642 S. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakwood Date Aug 13 1936

19. UNDERTAKER William Cook
(Address) 1217 E. Baltimore St.

20. FILED AUG 11 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 3:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: Fractured ribs Left side

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 7/14 1936

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell off back fence

Nature of injury Fractured ribs L side

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Mann M. D.
Coroner
(Address) .....

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Form 568

F 26404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26404

49-a

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Catonsville Ave St., 10th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pearl Fambach

(a) Residence: No. 2639 Wilkens Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Frank Fambach

6. DATE OF BIRTH (month, day, year) Aug 26 1885 Baltimore

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	50	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dennis P Crosley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clark S. Fambach
(Address) 2641 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/13/36
Wm Coe
1219 E Lexington St

19. UNDERTAKER
(Address) Huntington Williams, Inc

20. FILED ..... 19 ..... Registrar

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936 to Aug 11, 1936

I last saw her alive on Aug 11, 1936. Death is said to have occurred on the date stated above, at 5:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/8/36

Other contributory causes of importance:
Carcinoma 4th years
Intestinal Carcinomatosis

Was an operation performed? Colostomy Date of 7/17/36

For what disease or injury? Obstruction

Name of operation Colostomy Date of 7/17/36

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) D.G. Wehner M.D. M.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26405 F 26405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-B

#9660 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., No 8 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hartlove

(a) Residence: No. 3713 Claremont Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 6-29-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME ~~William~~ John Miller

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Louise Arnold

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Aug 12 34

19. UNDERTAKER Wm. Cook (Address) 1217 S. Carey St Huntington Williams, N.Y.

20. FILED 19 Registrar.

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9- 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1935 to 8-9 1936

I last saw h/M alive on 8-9 1936. Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of descending aorta, syphilitic	Jan 1934
Syphilitic Aortitis	Unknown
Rupture of aneurysm	8-9-36

Other contributory causes of importance:

Menings-vascular Syphilis	Unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rumney M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26406

F 26406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 5-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1212 Orleans St., (or) Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Josephine Joseph

(a) Residence: No. 1212 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Joseph

6. DATE OF BIRTH (month, day, year) Nov 11-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joshua Woods

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Amanda Delaney

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Linden Woods
(Address) 1212 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date Aug. 12, 1936

19. UNDERTAKER Robt. L. Parker
(Address) 2211 Eutaw Pl.

20. FILED Aug 11 1936, 19 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Aug 9, 1936

I last saw him alive on Aug 1, 1936. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 7 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo Cullen, M. D.
(Address) 50 Aroquette St

AUG 11 1936

F 26407

F 26407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp; St., W-2; Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Robert E Flood~~ ROBERT FLOOD

(a) Residence: No. Montgomery Road St., Ellicott City, MD Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	INFANT

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of INFANT

6. DATE OF BIRTH (month, day, year) 6/3/36

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	2 MO	7 DAY	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. INFANT

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. General Hospital BALTIMORE, MD

FATHER

13. NAME ROBERT C. FLOOD

14. BIRTHPLACE (city or town) (State or country) AMHERST COUNTY, VIRGINIA

MOTHER

15. MAIDEN NAME SARAH Catherine OREM

16. BIRTHPLACE (city or town) (State or country) ELLICOTT CITY MD

17. INFORMANT ROBERT C. FLOOD

(Address) Ellicott City, MD

18. BURIAL, CREMATION, OR REMOVAL Date Aug 13 '36

19. UNDERTAKER Easton Sons

(Address) Ellicott City Washington Boulevard, MD

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7 . 1936 to August 10 . 1936

I last saw him alive on August 10 . 1936. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	
DIARRHEA	

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) W. Kennedy Wallis M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

AUG 11 1936

26408 ✓ F 26408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

195-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Pensterstown Rd St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Barr

(a) Residence: No. 3100 Pensterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bus

10. Date deceased last worked at this occupation (month and year) 40 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Barr
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 8/11/36

19. UNDERTAKER Jos. Lewis Son
(Address) 1439 E. Biddle St.

AUG 11 1936 Registered

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10/36. 19

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to Aug 10th 1936
I last saw him alive on Aug 11th. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis; cardio-vascular	

Other contributory causes of importance:

Cerebral Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ~ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~ 19 .....

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry P. Due M. D.

(Address) 120 Aisquith St.

F 26409 ✓ F 26409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 - Mercy Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Behr.

(a) Residence: No. 129 N. Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Behr.

6. DATE OF BIRTH (month, day, year) 3-15-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 37

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation. 40yrs

12. BIRTHPLACE (city or town) (State or country) at sea Balto Md.

FATHER

13. NAME Marshall Kleber Crowell

14. BIRTHPLACE (city or town) (State or country) at sea.

MOTHER

15. MAIDEN NAME Nora Burns.

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records.
(Address) Mercy Hosp. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Aug 14. 1936

19. UNDERTAKER Lilly & Zollenberg
(Address) 403 S. Bond St.

19 FILED AUG 11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1936 to 8-10, 1936

I last saw her alive on 8-10, 1936. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, rt. lung	1935 (?)
Other contributory causes of importance: generalized carcinomatosis (?)	1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Freeman, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 26410 ✓ F 26410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 W. Barre St., 21-1 Ward)

Length of residence in city or town where death occurred 32 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Elizabeth Bapisteller

(a) Residence: No. 812 W. Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Albert Bapisteller

6. DATE OF BIRTH (month, day, year) Dec. 22, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm C. Johnson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Virginia Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. John A. Bapisteller
(Address) 812 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug 12 36

19. UNDERTAKER Wm Victor Lewis Sons
(Address) North & Fa Ave.

20. FILED Aug 11 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to Aug 8, 1936

I last saw her alive on Aug. 8, 1936 Death is said to have occurred on the date stated above, at 11.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1933
Other contributory causes of importance:	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry F. Gates M. D.

(Address) 523 Scott St.

OCCUPATION is very important. See instructions on back of certificate.

F 26411

F 26411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street) W (Ward)

Length of residence in city or town where death occurred 9 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles J. Litt

(a) Residence: No. 9 S. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 19-1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Litt.

14. BIRTHPLACE (city or town) (State or country) Laurel Md.

MOTHER

15. MAIDEN NAME Mary Wolverton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas Litt 9 S. Fremont St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pendalane
Place St. Mary's Cem. Date Aug 12 1936

19. UNDERTAKER Wm. J. Rickert & Sons
(Address) Wood & Davis Sts.
Registrar.

20. FILED AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal Injuries — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? Yes. Date .....

For what disease or condition? Ruptured Spleen

Name of operation? Lap Date of 8/7

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 8/7 1936

Where did injury occur? Fremont & Redwood Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

How did injury occur? Hit Run Auto

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gerdy Cato, M. D. Coroner

(Address) 907 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26412

F 26412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Baltimore City Hospitals St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Goines

(a) Residence: No. 936 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-19-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Major Goines

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Eliz. King

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 8-11- 1936

19. UNDERTAKER L. P. Warnick
(Address) 1086 Penna. Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1936 to 8-7 1936

I last saw him alive on 8-7 1936 Death is said to have occurred on the date stated above, at 8 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary Tuberculosis	1934
Other contributory causes of importance: Bronchopneumonia	3 days

Was an operation performed? yes Date of 6-18-36 7-19-36

For what disease or injury? Tuberculosis 8-4-36

What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. L. Hooper M. D.

(Address) Balt. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

✓ F 26413

F 26413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 Frederick Ave St., 20-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ephraim H. Little

(a) Residence: No. 2836 Frederick ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margie E. Bolton.

6. DATE OF BIRTH (month, day, year) Nov 13 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 8014

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Maker

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Ephraim Little

14. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

MOTHER

15. MAIDEN NAME Janet Keller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Evelyn Ryker

(Address) 2836 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 13 1936

19. UNDERTAKER Thos. J. Emory Sr.

(Address) 1600 Hollins St.

20. FILED Aug 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30 1936 to Aug 10 1936

I last saw him alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 6:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestines	1 yr.
Secondary Anemia	1 yr.
Anasarca	4 mo.
Other contributory causes of importance: Cardiac Insufficiency	3 da.

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Dorsey, M. D.

(Address) 806 N Fulton Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 26414

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓F 26414

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH 123 N. Front St.
CITY OF BALTIMORE: (No. 123 N. Front St. St., 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 29 yrs. ..... mos. ..... ds.

2. FULL NAME Liberata Fiorilli
if U. S. Veteran specify WAR .....

(a) Residence: No. 123 N. Front St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Ferale	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of of the Late Luigi Fiorilli

6. DATE OF BIRTH (month, day, year) Oct. 3th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocca Spinalveti-Chieti Italy

FATHER

13. NAME Francesco Battista

14. BIRTHPLACE (city or town) (State or country) Rocca Spinalveti-Chieti Italy

MOTHER

15. MAIDEN NAME Carmela Piccirilli

16. BIRTHPLACE (city or town) (State or country) Rocca Spinalveti-Chieti Italy

17. INFORMANT Roberto Fiorilli
(Address) 432 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Aug. 12 1936
Place Date 19

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Morley St.

20. FILED AUG 11 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Orrin B. Phillips M. D.
Coroner

(Address) 1031 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26415

F 26415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH The Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1127 Ward)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR yes Spanish American

2. FULL NAME Mr Francis Graham Rigge

(a) Residence: No. 814 Cathedral St., 11th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 29th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trus. Md Jockey Club

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lawrason Rigg

14. BIRTHPLACE (city or town) (State or country) Georgetown D. C.

MOTHER

15. MAIDEN NAME Mary J. Bright

16. BIRTHPLACE (city or town) (State or country) Gallatin County Kentucky

17. INFORMANT Lawrason Rigge

(Address) 814 Cathedral St. Baltm

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Aug 12 1936

19. UNDERTAKER Leeroy W. Jenkins & Sons Co

(Address) McCulloh & Orchard

G 11 1936 Lexington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to Aug 10, 1936

I last saw him alive on Aug 10 1936. Death is said to have occurred on the date stated above, at 5.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right lung	
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 4 1936

For what disease or injury? Carcinoma of Rt. Lung

Name of operation Lobectomy Date of June 4 1936

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Warren Buckler, M. D.

(Address) 806 Cathedral

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26416 (Heisey) ✓ F 26416

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mrs. Kate A. Heisey

(a) Residence: No. 1704 Ellamont St., Ward. 43d

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel P. Heisey

6. DATE OF BIRTH (month, day, year) March 6 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs.	4	28 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Jacob McSmate

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Son (Address) 1704 Ellamont St. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Reisterstown Md Date Aug 14 1936

19. UNDERTAKER J. F. Elmer & Sons (Address) Reisterstown Md.

20. FILED Aug 11 1936 Lexington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936 to Aug 11 1936

I last saw h.er alive on Aug 11 1936. Death is said to have occurred on the date stated above, at 9.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emfolism	Aug 11
Intestinal Obstruction	Aug 1

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 1 1936

For what disease or injury? Int. Obstruction

Name of operation Laparotomy-Obst. removed Date of Aug 1

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Carter M. D.

(Address) Mercy Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26417

HEALTH DEPARTMENT—CITY OF BALTIMORE

26417

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dadie Thomas

(a) Residence: No. 1032 N Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clarke Thomas

6. DATE OF BIRTH (month, day, year) July 8-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Easton Md

FATHER

13. NAME Albert Brummell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bessie Mussey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clark Thomas

(Address) 1032 N. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL.

Place Royal Oak, Md Date Aug 12, 1936

19. UNDERTAKER Mrs Katie B. Williams

(Address) 322 N Schroeder St.

Katie Williams

20. FILED AUG 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

325 dm

21. DATE OF DEATH (month, day, year) Aug 9- , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 9, 1936

Where did injury occur? Attention Ave near Bemus Mans (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell or jumped or Pushed out

Nature of injury Struck by Motor Automobile

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bailey Auto. M. D. Coroner

(Address) 907 N. Chase

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S S

G 11 1936

M. D. B 1268-9

F 26418

HEALTH DEPARTMENT—CITY OF BALTIMORE

26418

CERTIFICATE OF DEATH

x 34-130

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Herburt Barber

If U. S. Veteran specify WAR.....

(a) Residence: No. Elkridge Howard Co. Md. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levenia Barber

6. DATE OF BIRTH (month, day, year) Dec. 25, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	7	17 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Barber

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lottie Coolind

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Levenia Barber

(Address) Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Ironsides Md Date 8/12/36, 19

19. UNDERTAKER Robert C. Williams

(Address) 1515 McElderry St

Washington, Maryland

Registrar.

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
(Stricture of Urethra)	
Other contributory causes of importance:	

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) T. K. Adelberg M. D.

(Address) 873 N. Milton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26419

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leland Bagley

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 Ware St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting

10. Date deceased last worked at this occupation (month and year) 0050

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kenbridge (State or country) Va

FATHER

13. NAME Duncan Bagley

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Millie Bagley

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Hospital Records (Address) Provident Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Kenbridge Va. 8/12/ 19 36

19. UNDERTAKER P. C. Richardson (Address) 1120 Druid Hill Ave

Filed AUG 11 1936, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub arachnoid Hemorrhage	May 3 1936
Chronic Nephritis.	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury May 3 1936

Where did injury occur? Near 7 Ware St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck with fist over

Nature of injury Fell to pavement & struck head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos E Allen M. D.

(Address) 520 Aisquith St Coroner

AUG 11 1936

M. D. B 1268-9

F 26420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26420

82-a

1. PLACE OF DEATH Oak Court Apartment

CITY OF BALTIMORE: (No. 3212 Walbrook St., 9356 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Grace Faith Chapman If U. S. Veteran specify WAR .....

(a) Residence: No. 3212 Walbrook ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Le Roy Chapman

6. DATE OF BIRTH (month, day, year) Aug. 10 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canton Ohio

FATHER

13. NAME George Faith

14. BIRTHPLACE (city or town) (State or country) Canton Ohio

MOTHER

15. MAIDEN NAME Ella Fessler

16. BIRTHPLACE (city or town) (State or country) Canton Ohio

17. INFORMANT Katherine C. Stuart (Address) 706 Stoneleigh Ct.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Aug 12 1936

19. UNDERTAKER Perry Hughes (Address) 401 Catonsville ave

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. Found about 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner M. D.

(Address) 12 E. Hamilton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 11 1936

M. D. B. 1268-9

F 26421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26421

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2942 Hannah St., 16-6 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. ...

2. FULL NAME William Howard Russell

(a) Residence: No. 2942 Hannah Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Russell.

6. DATE OF BIRTH (month, day, year) June 4 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46.	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. & E. Co.,

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Evan Russell

14. BIRTHPLACE (city or town) Unknown, (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT Anna E. Russell
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 13 19 36

19. UNDERTAKER Harry A. Wilkes
(Address) 1101 Edmondson Ave

20. Filed ... 19 ... Registrar.

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. Hayes ... M. D. Coroner

(Address) 215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Thomas Hogans) ✓ F 26422

F 26422 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mcl-Gen Hosp. St., 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 da. How long in U. S. If of foreign birth? ..yrs..mos..da.

2. FULL NAME Thomas Hogans If U. S. Veteran specify WAR

(a) Residence: No. Rockhall, Md. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Laura M. Hogans

6. DATE OF BIRTH (month, day, year) Mar. 17, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
70	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus Driver 0f 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Chester Pa.

FATHER

13. NAME Franklin Taylor Hogans

14. BIRTHPLACE (city or town) (State or country) Chester Pa.

MOTHER

15. MAIDEN NAME Mary Jane Coleman

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

17. INFORMANT Emory L. Hogans
(Address) Rock Hall Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Wesley Chapel Cem. Date Aug. 14 1936

19. UNDERTAKER Marvin L. Wooligans
(Address) Chestertown Md.

Registrar

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from aug. 9, 1936, to aug 11, 1936
I last saw him alive on aug 11, 1936 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/10/36

Other contributory causes of importance:
Coronary sclerosis
Essential hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. P. Stafford M. D.
(Address) Mcl. Gen. Hosp.

Information should be complete, legible, and accurate, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 26423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26423

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Fleetwood Ave St., 27-7 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gustav Dietz

(a) Residence: No. 2817 Fleetwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dietz

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W&S

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungaria

FATHER

13. NAME Karl Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Dietz

(Address) 2817 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westlawn Cem Date Aug-14 1936

19. UNDERTAKER John E Bailey Jr

(Address) 2435 Huntington Ave

19a. FILED AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Aug 10 1936

I last saw him alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Carcinoma Stomach	7/1/36

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) L P Roseling M. D.

(Address) 2613 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Calvert St., 11-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Adeline Ayers

If U. S. Veteran specify WAR .....

(a) Residence: No. 617 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1914.

7. AGE: Years 22 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing Machine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hummelstown, Pa

FATHER

13. NAME Wilbur Ayers

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Mineral Kling

16. BIRTHPLACE (city or town) (State or country) Middletown Pa.

17. INFORMANT Mrs. Joseph Waddinger

(Address) Hummelstown, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 12. 1936

19. UNDERTAKER John G. Miller

(Address) 2433-35 E. Oliver St

20. FILED ..... 19 ..... Registrar.

AUG 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot Wound 3 Left Chest & neck	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/7 1936

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 617 N. Calvert

Manner of injury Shot 3 times

Nature of injury Wound y chest & neck

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alvin B. Wallace M. D.

(Address) 1031 St Paul St Coroner

Information should be carefully supplied. Add to it that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 26424

V 56

F 26425

F 26425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Vine St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chas F. Fitzmyer Jr

(a) Residence: No. 2143 Vine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Chas Fitzmyer

6. DATE OF BIRTH (month, day, year): July-9-1886

7. AGE: Years: 50 | Months: 1 | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ice Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Wm Fitzmyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas F. Fitzmyer Jr
(Address) 2143 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cem. Date: Aug-12-1936

19. UNDERTAKER: John T. Dudley & Sons
(Address) 2433-35 E. Lexington St

19. FILED: AUG 11 1936 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-9-1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Aug 9-1936

I last saw him alive on Aug 8-1936 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Endocarditis	
Aortic Valvular Insufficiency	
Arteriosclerosis of Coronary, Chronic	
Nephritis	over

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Norbert C. Fitch M. D.

(Address) 2151 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 12-22

Dickson 3055 W North Ave

F 26426

F 26426 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Longwood St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche M Barry

If U. S. Veteran specify WAR

(a) Residence: No. 1609 Longwood St., Ward. 62 yrs

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Samuel H. Barry

6. DATE OF BIRTH (month, day, year) April 19-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France W. I.

FATHER

13. NAME Alphonse Petitle Baum

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Blanche M Petetle Baum

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Madine M Du Bustey

(Address) 1217 Jackson St N E Wash D C

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 12 1936

19. UNDERTAKER Lucciani Bros

(Address) 1217 St Paul Ste

19 D 19 Registrar

AUG 12 1936 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1936 to Aug 10 1936

I last saw her alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 905A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	1 day

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac C. Dickson M. D.

(Address) 3055 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26427

CERTIFICATE OF DEATH

191

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2822 Guilford Ave St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline A Hellwig

(a) Residence: No. 2822 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29-1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Hellwig

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Gertrude E. Stang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Florence Hellwig

(Address) 2822 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 13 1936

19. UNDERTAKER Wm. Cook

(Address) 217 St Paul St

20. FILED Huntington Williams, Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-1- 1936 to Aug 11- 1936

I last saw her alive on Aug-10 1936 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac & Sclerosis of Spine + Pneumonia Edema	

Other contributory causes of importance:

Excessive heat + prostration from hot weather

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Stanley Gorsuch M.D.

(Address) 2900 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 26428

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26428

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Winchester St., 16-7 Ward)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Peter Amendt

(a) Residence: No. 2904 winchester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Clerk U.S. District Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 609

10. Date deceased last worked at this occupation (month and year) 1933 Feb

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Peter Amendt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Ritter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Harry Erdman

(Address) 2904 Winchester st

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date Aug 12 1936

19. UNDERTAKER Chas. J. Black

(Address) 702 N Howard ave

AUG 12 1936

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1936, to Aug 9 1936

I last saw h... alive on Aug 8 1936. Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 3b
Dr Burns	
Cystitis Chronic	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? No Date of May 1 36

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. E. Myers M. D.

(Address) 15 N Mount Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

26429

F 26429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Parrish St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Arthur

If U. S. Veteran specify War World War

(a) Residence: No. 1210 Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Arthur

6. DATE OF BIRTH (month, day, year) June 13 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Va

FATHER

13. NAME Harry Arthur

14. BIRTHPLACE (city or town) ... (State or country) Va

MOTHER

15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (city or town) ... (State or country) Va

17. INFORMANT Mabel Taylor

(Address) 1119 Brookdale St

18. BURIAL, CREMATION, OR REMOVAL

Place National cem Date Aug 12 1936

19. UNDERTAKER George D. Kelson

(Address) 1303 Pressman st

... 19... ... Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound of base of Skull	Aug 9 1936
Final Brain	

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation No Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 9 1936

Where did injury occur? 1210 Parrish St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In front of home

Manner Stray bullet struck him while asleep

Nature of injury bullet wound

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner. M. D.

(Address) 507 Cresmont Ave

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26430

F 26430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James McCord Gibson

(a) Residence: No. 3022 Harford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Gibson

6. DATE OF BIRTH (month, day, year) Feb 24 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vessell Rigging

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Gibson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr Anthony McC. Gibson

(Address) 3022 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug 13, 1936

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) Walbrook Ave Ellington Williams, MD

, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to Aug 11, 1936

I last saw him alive on Aug 11, 1936 Death is said to have occurred on the date stated above, at 12.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/2/36

Other contributory causes of importance:

myocarditis	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 17 1936

F 26431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26431

CERTIFICATE OF DEATH

79a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13-7 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Martin

(a) Residence: No. 3518 Hickory Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck-Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... p 2 3

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Noah (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth (Dead)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Marys Hampden Date Aug. 13th/36

19. UNDERTAKER J. Walter Davis
(Address) 3618 Chestnut ave

[illegible] Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1936 to 8-10, 1936

I last saw him alive on 8-10, 1936 Death is said to have occurred on the date stated above, at 10:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Meningitis Simple	8-5-36
Alcoholism, Acute	8-1-36
Delirium Tremens	8-9-36
Other contributory causes of importance:	
Brain Abscess ?	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F26432 F26432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

Registered No. 15530

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Pistorio

(a) Residence: No. 2614 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 11-11-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Pistorio (deceased)

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary ? (deceased)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Aug 14 1936

19. UNDERTAKER Henry Stocks & Sons Inc.
(Address) 1301 E. Eager St. Huntington Williams, Registrar.

20. FILED 19

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-7 1936 to 8-11 1936

I last saw him alive on 8-11 1936 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteolytic Sarcoma of Rt Humerus with Metastasis	2yr

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. C. Brantigan M. D.
(Address) Baltimore City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26433

M. D. B. 1268-9

F 26433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Radnor Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Oliver Miller

(a) Residence: No. 556 Radnor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine E Miller

6. DATE OF BIRTH (month, day, year) July 10 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Langrall Packing Co

10. Date deceased last worked at this occupation (month and year) July 1 1936

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A.Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth E.Ray

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Katherine E.Miller

(Address) 556 Radnor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Aug 13 1936

19. UNDERTAKER Harry A Simmons & Son

(Address) 4204 Ridgewood Ave.

19. FILED Aug 17 1936 Registrar. Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 1925 19 to 8/10 1936

I last saw him alive on 8/10 1936 Death is said to have occurred on the date stated above, at 11.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	10 yrs?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Dr. Thomas Peacock M. D.

(Address) 3902 Greenmount Ave Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26434 F 26434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Chilham Rd St., 2-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hannah Powell

If U. S. Veteran specify WAR

(a) Residence: No. 2201 Chilham Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Powell deceased

6. DATE OF BIRTH (month, day, year): Dec. 8 - 1846

7. AGE: Years 89 | Months 8 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wales

FATHER

13. NAME: Henry Charles

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Mary Jinkins

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT: Mrs. Edith Mugford

(Address) 2201 Chilham Rd

18. BURIAL, CREMATION, OR REMOVAL: Interred Date Aug 13 1936

19. UNDERTAKER: R. L. Mayfield

(Address) 3539 Full Road

20. FILED AUG 12 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to Aug-11- 1936

I last saw her alive on Aug-10- 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture neck of Left Hip. — Date of onset

Other contributory causes of importance:

Hypostatic Pneumonia.

Senile Arteriosclerosis.

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/29/ 1936

Where did injury occur? Auto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell in bath room at home

Manner of injury Fell.

Nature of injury Fractured Hip.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) F. B. Boyle M. D.

(Address) 5309 Harford Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 12 1936

F 26435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26435

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 16-4

CITY OF BALTIMORE: (No. Wilkens Ave., St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna L. Regan

(a) Residence: No. 912 N. Fulton ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas E. Regan

6. DATE OF BIRTH (month, day, year) Mar. 10 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Harvey Collins

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME — Orndorf

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Thos. E. Regan (Address) 912 N. Fulton ave.

18. BURIAL, CREMATION, OR REMOVAL Place St Joseph Texas md Date Aug 13, 1936

19. UNDERTAKER John S. Monat (Address) 3000 E. Balto St.

[illegible] Eugene Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1936 to Aug. 10, 1936

I last saw her alive on Aug. 10 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Aplastic Anemia — Date of onset June 1936
Cardio Vascular Failure — 8/10/36

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. G. Llewelyn M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev. 3

AUG 12 1936

F 26436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. (Ward) W-7

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Mrs. Ethel Spellissy (Ethel Theresa Spellissy) If U. S. Veteran specify WAR .....

(a) Residence: No. 2237 Penrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin B. Spellissy / Martin Spellissy

6. DATE OF BIRTH (month, day, year): February 12, 1902

7. AGE: Years 34 | Months 5 | Days 18 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Samuel L. Southard
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Mary Reilly
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Martin B. Spellissy
(Address) 2237 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Aug. 14 1936

19. UNDERTAKER: Beth Hood
(Address) 1003 E. Baltimore St.

G 12 1936 Baltimore, Md. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/9/ 1936 to 8/10 1936

I last saw her alive on 8/10 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	
Acute Respiratory and Cardiac failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/10/36

For what disease or injury? Cholecystitis

Name of operation Cholecystotomy Date of 8/10/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas B. March M. D.

(Address) Bon Secours Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 19-4 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martin Healy

(a) Residence: No. 21 S. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary B. Healy

6. DATE OF BIRTH (month, day, year) January 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Meat Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6015

10. Date deceased last worked at this occupation (month and year) May 1925

11. Total time (years) spent in this occupation 47 years

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Mathew Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary B. Healy
(Address) 21 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date August 14 1936

19. UNDERTAKER Rosetti & Co. Inc.
(Address) 1003 W. Baltimore St.

G 12 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936 to Aug 11, 1936

I last saw him alive on Aug 11, 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Other contributory causes of importance:	
Chronic myocarditis & hypertension	5 yrs.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.

(Address) 4 N. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13573

F-26438

26438 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-8

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Rosalie Slurzewski

(a) Residence: No. 232 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-4-1853

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
82	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph (Dead)

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ? (Dead)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug. 13. 1936

19. UNDERTAKER Fred W. Ozbeweski
(Address) 1930 Kasaube Ave.

FILED AUG 12 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1936 to 8-10, 1936

I last saw her alive on 8-10, 1936 Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-5-36
Bronchopneumonia (Primary)	8-8-36

Other contributory causes of importance:

Hypertensive Cardio-Vascular Disease	Unknown
Arteriosclerosis	"

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Ramey M. D.
(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26439

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Lamont Avenue St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George H. Le'Maitre

(a) Residence: No. 1612 Lamont Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Carr

6. DATE OF BIRTH (month, day, year) October 18, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Le'Maitre

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Annie Le'Maitre (Wife)

(Address) 1612 Lamont Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Aug. 14, 1936

19. UNDERTAKER George J Ruth, Inc.

(Address) 1735 Harford Avenue

19 ..... (Signature of Undertaker)

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1936 to Aug. 11, 1936

I last saw h— alive on Aug. 11 1936 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	
Myocarditis.	1932
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? no. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no.

Manner of injury no.

Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Chas. L. Littman M. D.

(Address) 1304 E. Chase St.

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 26440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26440

82-a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Whitridge Avenue St. 12-3 Ward)

Length of residence in city or town where death occurred 16 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Concetta Palmeris ~~Palmieri~~

(a) Residence: No. 324 Whitridge Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Michael Palmeria~~ ~~December 11, 1922~~ Palmieri December 11, 1922

6. DATE OF BIRTH (month, day, year) ~~December 23, 1875~~

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
~~61~~ 59	~~7~~ 5	~~25~~ 23	~~#####~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Peter Pabiolo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grace Locasto

16. BIRTHPLACE (city or town) (State or country) ~~Palmieri~~ Italy

17. INFORMANT ~~Michael Palmeria~~ (Husband)

(Address) 324 Whitridge Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug. 14, 1936

19. UNDERTAKER George J. Ruth, Inc. ~~Graham~~

(Address) 1705 Harford Avenue

20. FILED AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1936 to August 11, 1936

I last saw her alive on August 10, 1936. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 10 1936
Other contributory causes of importance: Arteriosclerosis	1933

Was an operation performed? No Date of ----

For what disease or injury? -----

Name of operation ----- Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -----

(Signed) [illegible] M. D.

(Address) 1201 East 25th Street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 12 1936

12201 ✓ F 26441

F 26441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-5 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucinda Huff

(a) Residence: No. 631 N. Chapel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jink Huff

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown port

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Sam England (Dead)

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cherraw. S.C. Date Aug 14 1936

19. UNDERTAKER Mrs Robert A Elliott daughter
(Address) 1129 Cardenic St.

20. FILED AUG 12 1936 Lington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11/36

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1936 to 8-11, 1936

I last saw her alive on 8-11, 1936 Death is said to have occurred on the date stated above, at 455 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal Disease	Unknown
Acute pulmonary edema	8-9-36

Other contributory causes of importance:

Arteriosclerosis	Unk.
Cerebral Hemorrhage (Old)	Unk.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26442

26442 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

53c-149a

CERTIFICATE OF DEATH

Registered No. 14527

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amy Grue

(a) Residence: No. 918 S. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vincent Grue

6. DATE OF BIRTH (month, day, year) 12-23-1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sylvester Campaigne

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sarah Crump

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Aug. 14 1936

19. UNDERTAKER Frank Weller Grace
(Address) 52 N. Morley St.

Huntington Williams, M.D.
Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1936 to Aug 11 1936

I last saw her alive on Aug 11 1936. Death is said to have occurred on the date stated above, at 3.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inoperable brain tumor	
Other contributory causes of importance:	
Pregnancy - (?)	ovir

Was an operation performed? Yes Date of 2/14/36

For what disease or injury? Brain tumor

What test confirmed diagnosis? ? Xray Symptoms Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. E. Kadan M. D.

(Address) Balto City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26443 ✓ F 26443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1.08

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 12-6 Ward) Baltimore, Md.

Length of residence in city or town where death occurred .....yrs. ....mos. 1 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Lambert Jones

(a) Residence: No. Berlin, Md. St., ... Ward. Berlin, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rotie Jones

6. DATE OF BIRTH (month, day, year) November 19, 1889

7. AGE	Years	Months	Days	If LESS than 1 day.. hrs. or min.
	46	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 608

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sailor on Tug Boats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Maryland

FATHER

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Berlin Maryland

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Berlin Maryland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Berlin Md Date 8-14 1936

19. UNDERTAKER Thomas A Hemsley
(Address) 575 N Broadway

20. FILED ..... By ..... Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1936 to August 10, 1936

I last saw him alive on August 10, 1936. Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	Unknown
Nephritis, chronic	"

Other contributory causes of importance:

Uremia	Terminal
Anemia, secondary	Unknown
Cardiac hypertrophy and dilatation	"

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A L Lawrence, M. D.

(Address) U.S. Marine Hospital
Baltimore, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 1872 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? Life yrs. ... mos. ... ds.

2. FULL NAME Francis Greene

(a) Residence: No. 1050 Rabourg St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Upwards 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Wm Greene

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Hawkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Aug 13, 1936

19. UNDERTAKER Frances A Hemsley
(Address) 575 N Biddle St

20. FILED ..., 19... Registrar

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-36, 19... to 8-9-36, 19...

I last saw h alive on 8-9-36, 19... Death is said to have occurred on the date stated above, at 10-57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-3-36

Other contributory causes of importance:

Senile Psychosis	?

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O L Reynolds, M. D.

(Address) Balto City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26445

F 26445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Newkirk St., No. 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Stirling

If U. S. Veteran specify WAR

(a) Residence: No. 324 S. Newkirk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) Jan 20 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobber 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Acme Box Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Hannah Semmes

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Minnie Stirling

(Address) 324 S. Newkirk St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 13 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

AUG 12 1936 [illegible] Funeral Home, Inc.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq thereon and from the evidence obtained by said Inq find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an antopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26446

F 26446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Brentwest St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Falk

(a) Residence: No. 1918 Brentwest Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie B Falk

6. DATE OF BIRTH (month, day, year) Sept 20 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw Hat Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Paul Falk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Neuhauser

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Minnie B Falk 1918 Brentwest Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Aug 14 1936

19. UNDERTAKER (Address) Edward Fonerson 2359 Westwood Blvd Huntington Williams MD

19 Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1935 to Aug 11 1936

I last saw him alive on Aug 11 1936 Death is said to have occurred on the date stated above, at 2:25 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
CHRONIC INTERSTITIAL NEPHRITIS	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F. Milan M. D.

(Address) 682 Washington Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26447

F 26447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Pine St. St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida V. Middleton

(a) Residence: No. 423 N. Pine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ed. Middleton

6. DATE OF BIRTH (month, day, year): June 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: M. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Alex. Chase

14. BIRTHPLACE (city or town) (State or country): UnKnown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ed. Middleton
(Address): 423 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 8/13 1936

19. UNDERTAKER: Chas. C. Chase & Son
(Address): 338 N. Eutaw

Huntington Williams, Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 2357 N. Monroe

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26448

26448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-W Ward)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph T. Simms

If U. S. Veteran specify WAR .....

(a) Residence: No. 1342 Glyndon Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Truman P. Simms

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Doris M. Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Truman P. Simms

(Address) 1342 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 8-13 1936

19. UNDERTAKER Frederick A. Coley

(Address) 1200 W. Lombard St

20. FILED AUG 12 1936 Huntington Williams, Registrar.

RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to H&S death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Esophagus	

Other contributory causes of importance:

Was an operation performed? Yes Date Aug. 10, 1936

For what disease or injury? Injury (To Remove Pin)

Name of operation Tracheotomy Date Aug. 10,

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 10, 1936

Where did injury occur? 1342 Glyndon Ave Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed Open Safety Pin

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Mellon M. D.

(Address) 225 W. Mount Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 26449

J 26449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 14160

1. PLACE OF DEATH: Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archie Rolley

(a) Residence: No. 721 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboring work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cora ?

16. BIRTHPLACE (city or town) (State or country) Marion Sta., Md. RFD

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant View Cem. 8/13 1936

19. UNDERTAKER Robert E. Grady
(Address) 2017 W. Caroline St

19 Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1936 19 to August 10 1936
I last saw him alive on August 10, 19 36 Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Law H. Feldman M. D.
(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E. Mt. Vernon Pl. St. 11-W Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clyde Latham

(a) Residence: No. 14 E. Mt Vernon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Govt Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Agriculture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Police Dept. Balto City
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dastgrove M.C. Date 5/12/36 19

19. UNDERTAKER Bernard C. Fenlon
(Address) 57 35 Harford Rd.

Date MAY 12 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Left Chest & Abdomen	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/12, 1936

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place 14 Mt. Vernon Place

Manner of injury Shot himself with 12 gauge gun

Nature of injury Gun Wound over left chest & Abd.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ozro B. Wallace M. D.

(Address) 1031 St Paul St

Case 12 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26451 # 12600 F 26451

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-E-82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Horn

(a) Residence: No. South Baltimore General Hospital St., Res Patient Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 6-15-1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wylie Horn

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Eliza Polk

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Ohio

Date 8 — 15 — 1936

19. UNDERTAKER Francis A. Hemsley

(Address) 538 W. Biddle St.

20. FILED AUG 13 1936 Registrar: Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10/1936

I HEREBY CERTIFY, That I attended deceased from 11-22-1933 to 8-10-1936

I last saw him alive on 8-10-1936 Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-10-36
Syphilis of Central Nervous System	Unk.

Other contributory causes of importance:

Cerebral Hemorrhage (Old)	Unk

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26452 # 13090 F 26452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie B. Thatcher

(a) Residence: No. 4805 Alhambra Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 9-12-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME William Pearce

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME F. Wiggins

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug. 13, 1936.

19. UNDERTAKER John Ortwein & Sons
(Address) 1900 Eutaw Place

20. FILED 19 (Registrar)

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1936 to 8-11 1936

I last saw her alive on 8-11 1936 Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation due to foreign body	8-11-36
Bilateral Cerebral Thrombosis	1934
Pseudo-bulbar Palsy	1934

Other contributory causes of importance:

Hypertensive Cardio-Vascular Dis	Unk.

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 8-11, 1936

Where did injury occur? Bath Tub Floor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell & Head Lodged

Nature of injury Int. Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) John F. Rainey, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26453

F 26453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 E. 37th St., 13-7 Ward)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Kenny

(a) Residence: No. 820 E. 37th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Kenny

6. DATE OF BIRTH (month, day, year): Dec. 25-1868

7. AGE: Years 67 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John Kenny

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Kyne

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Elizabeth Kenny 820 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Aug. 14- 1936

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road Baltimore, Md.

20. FILED ..... 19..... Registrar.

AUG 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 12- 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936 to Aug 12 1936

I last saw h.i.m alive on Aug 12 1936. Death is said to have occurred on the date stated above, at 11.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Hemorrhage	8/10/36
Pulmonary Nonresolution	8/10/36
Cardio-Renal Insufficiency	

Other contributory causes of importance: Myocardial Insufficiency | 8/12/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. Burgee M. D.

(Address) 3631 Falls Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26454

F 26454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Highland Ave St., Ward 8)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kazmer Zielinski

If U. S. Veteran specify WAR .....

(a) Residence: No. 239 S. Wolfe St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
[redacted] 54	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Estelle Zielinski

(Address) 231 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 14 1936

19. UNDERTAKER Fred W. Ozbrenski

(Address) 1900 Eastern Ave

20. FILED ..... 19 .....

Registrar

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1936 to Aug 11 1936

I last saw h[illegible] alive on Aug 11 1936 Death is said to have occurred on the date stated above, at 1115 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 5/36
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William J. Bryan M. D.

(Address) 801 Fallsway

V 9 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15369

F 26455

F 26455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Leimbach

(a) Residence: No. 1415 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 6-5-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	X	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John William (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug 16 1936

19. UNDERTAKER Tilley & Peterson
(Address) 403 N. Eutaw St.

Registrar

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1936

22. I HEREBY CERTIFY. That I attended deceased from 5-24, 1930 to 8-11, 1936

I last saw him alive on 8-11, 1936. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	8-6-36
Other contributory causes of importance:	
Hypertensive Cardio-Vascular Dis.	Unk.
Cerebral Hemorrhage (Old)	"

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26456

CERTIFICATE OF DEATH

82-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate Connelly (Katherine E.,)

(a) Residence: No. 2125 W. Saratoga St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-24-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William T.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Gill

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem, Date 8/14/1936

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

AUG 13 1936 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 7 - 13 - 1931 to 8 - 11 - 1936

I last saw her alive on 8-11 1936 Death is said to have occurred on the date stated above, at 3 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-11-36
Other contributory causes of importance:	
Cerebral Hemorrhage (Old)	1931
Hemi-Chorea	unk

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26457

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Vincent

If U. S. Veteran specify WAR .....

(a) Residence: No. 1400 West Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Vincent

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sara Deverel

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mary E. Forestal 1400 West Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Aug 13 1936

19. UNDERTAKER (Address) J. Vernon Hellmer 230 Edmondson

20. FILED ..... Registrar

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Qiquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above, 9,30A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
	Death

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.,

INSTRUCTIONS: WRITE PLAINLY WITH INDELIBLE PENCIL. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 26458 F 26458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 Plainfield St. 26 Ward)

Registered No. 26-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Palmeri

If U. S. Veteran specify WAR ...

(a) Residence: No. 5203 Plainfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Concetta Palmeri

6. DATE OF BIRTH (month, day, year) Sept 9-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0011

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Guy Palmeri

(Address) 5120 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 8/14 1936

19. UNDERTAKER Leonard J. Burke

(Address) 5305 Harford Rd

19 ... Leigh Williams, M.D.
Registrar.

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Aug. 12 1936

I last saw him alive on Aug. 12 1936 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of the ileum — Date of onset 2-1-36

Other contributory causes of importance:

Chronic Parasis Conjecta. — 7-10-36

Chronic Syphilis — 7-10-36

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank L. DiBello M. D.

(Address) 232 S. Caulley St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26459 F 26459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Gibbons Ave 27-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam J Kratzer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3107 Gibbons Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Caroline Kratzer

6. DATE OF BIRTH (month, day, year) Oct 31 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Coll

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Collector

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Kratzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Dorbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline Kratzer

(Address) 3107 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loly Redeemer Date 8/14 19 36

19. UNDERTAKER Leonard J Kirsch

(Address) 5205 Harford Rd.

Clayton Williams, M.D.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 , 1933 to 8/12/36 19.....

I last saw h~~e alive~~ on 8/16 , 19 36 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, when? .....

(Signed) Ryan W Fowler M. D.

(Address) 5103 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 13 1936

F 26460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26460

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Seeger

(a) Residence: No. 1011 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Roland T. Seeger

6. DATE OF BIRTH (month, day, year) 9-4-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

0037

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis Freburg

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sally ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date August 13 1936

19. UNDERTAKER F. B. Kippert's Son
(Address) 300 Eutaw Place

AUG 13 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-36 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1936 to 8-11 1936

I last saw h. alive on 8-11 1936 Death is said to have occurred on the date stated above, at 3½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	1933
Acute pulmonary edema	8-10-36

Other contributory causes of importance:

Arteriosclerosis general	Unk.
Coronary Sclerosis	"

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary A Brand

F 26461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26461

✓108

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 18-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. Lifetime

If U. S. Veteran specify WAR.....

2. FULL NAME Miss Mary A. Brand.

(a) Residence: No. 1008 W. Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alexander Brand.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret C. ?

16. BIRTHPLACE (city or town) (State or country) Baltimore ?

17. INFORMANT (Address) Hospital Records Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Aug 14 36

19. UNDERTAKER (Address) Chas. F. Fraut & Son 118 W. Mt. Royal Ave

20. FILED AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1936 to Aug 12, 1936

I last saw her alive on Aug 12, 1936. Death is said to have occurred on the date stated above, at 8:40 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Pemberton jr M. D.

(Address) Mercy Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

26462 F 26462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 8-7 Ward)
Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Bradley War Service: World War.

(a) Residence: No. 1628 E. Hoffman St., Balto., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Candress Loman

6. DATE OF BIRTH (month, day, year) June 26, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, concrete

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) December, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sumter South Carolina

FATHER

13. NAME Nim Bradley

14. BIRTHPLACE (city or town) (State or country) Newland, North Carolina

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National cemetery Date 8-14- 1936

19. UNDERTAKER Mrs. Ethel G. Bailey (Address) 1421 Light St. Baltimore, Md.

FILED AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to August 10, 1936

I last saw him alive on August 10, 1936. Death is said to have occurred on the date stated above, at 8:40a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced	8 mos.
Tuberculosis of intestines	Unknown
Other contributory causes of importance:	
Pulmonary hemorrhage	8-10-36

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R K Bryant, M. D.

(Address) U.S. Marine Hospital - Balto., Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26463

26463 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH 926 Pennsylvania Ave, 11-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Halliken

If U. S. Veteran specify WAR .....

(a) Residence: No. 214 E Chase St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Harry Fuller

(Address) 926 Pennsylvania ave,

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Aug 13 1936

19. UNDERTAKER .....

(Address) .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 9-10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Harn Coroner M. D.

(Address) 1215 Hanover

I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

94

06 13 1936

2530 THE MORGUE

M. D. B 1268-9

F 26464

26464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Watson St. 3-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Murphy

(a) Residence: No. 1105 Watson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James H. Murphy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Jane Brooks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Post

(Address) 1105 Watson St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date 8/13 19 36

19. UNDERTAKER S. Sherman Bro

(Address) 1129 E. Baltimore St

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Endocarditis	
Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. B. Wallace M.D.

Coroner

(Address) 1031 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 13 1936

F 26465

F 26465 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No. 13877

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalie Davis-Mohann

(a) Residence: No. 1531 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Mohamm

6. DATE OF BIRTH (month, day, year) 7/19/09

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	27		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME James Davis

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Georganna ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia S.C. Date Aug 13 1936

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-30 . 1936 to 8-12 . 1936

I last saw h. alive on 8-12 1936 Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri.	8 mo.
Other contributory causes of importance:	
Secondary anemia	6 mo.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Hoover M. D.

(Address) Balt. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

AUG 13 1936

F 26466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's St. 14-1 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. Spanish-American, 1 World War Veteran

2. FULL NAME Frank Devine

(a) Residence: No. 1337 Mt. Royal Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6. DATE OF BIRTH (month, day, year): Mar. 17 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stitcher's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Iron Works

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James Devine

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Scolleghan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Elizabeth Henderson

(Address): 1337 Mt. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Cathedral Date: 8/14/ 1936

19. UNDERTAKER: John A. Morgan

(Address): 3000 E. Baltimore St.

AUG 13 1936

Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27 1936 to August 11 1936

I last saw h.. alive on August 11 1936 Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sup. Acute Appendicitis	4 days
Post Operative Pneumonia	July 30, 36

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-27-36

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 7-27-36

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis R Stephenson M. D.

(Address) St. Joseph's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26467

F 26467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Collington St., 7-3 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 31 yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Vala

If U. S. Veteran specify WAR .....

(a) Residence: No. 803 N. Collington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Vala

6. DATE OF BIRTH (month, day, year) Jan 23, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catania Sicily

FATHER

13. NAME Frank Vala

14. BIRTHPLACE (city or town) (State or country) Sicily

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sicily

17. INFORMANT Victoria Vala
(Address) 803 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dashiell, Date Aug 14, 1936

19. UNDERTAKER Frank Creech & Son
(Address) 1900 Eastern Avenue

20. FILED AUG 13 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to Aug 11, 1936

I last saw h im alive on Aug 10, 1936. Death is said to have occurred on the date stated above, at 10:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension 10 2	1934?
Other contributory causes of importance: Myocardial insufficiency	1934?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Novak, M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K. Paul Schwartz, M.D.

F 26468

F 26468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Springwood Ave Ward) 36-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah A. Linzey

(a) Residence: No. 4301 Springwood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Linzey ~~1844~~ 1855

6. DATE OF BIRTH (month, day, year) May 1 ~~1844~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~87~~ 81	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 60 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Baker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Earbach

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillian M. Huber

(Address) 4301 Springwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug. 14/36

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

Filed Aug 13 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to Aug 11, 1936, I last saw h[illegible] alive on Aug 11, 1936. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck & femur	6/20
Septic Pneumonia	8/10
Old Age	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 6/20, 1936

Where did injury occur? 4301 Springwood Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustave A. Drut, M. D.

(Address) 6801 Belair Rd.

N. B.—WRITE PLAINLY, with ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 13 1936

F 26469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 W Pendleton St., 20-1 Ward)

Length of residence in city or town where death occurred Life 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E Holmes

(a) Residence: No. 1821 W Pendleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Holmes

6. DATE OF BIRTH (month, day, year) Aug 13 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Orlan Tucker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary C. Walter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Hennie Baker
(Address) 1821 W Pendleton St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 15 1936

19. UNDERTAKER F. A. B. Kippert & Son
(Address) 1300 Eastern Place

21. FILED AUG 13 1936 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936, to Aug 11, 1936

I last saw her alive on Aug 11, 1936 Death is said to have occurred on the date stated above, at 12-10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. C. MacLaughlin M. D.

(Address) 2000 Hollins St.

F 26469

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bennett Road not 2nd Ward) St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marie R. Heddinger

If U. S. Veteran specify WAR

(a) Residence: No. 874 Washington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward D. Heddinger.

6. DATE OF BIRTH (month, day, year) Feb 27, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Frederick J. Lapphard

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Gertrude Schmaltz.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ed. D. Heddinger

(Address) 874 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 8-15 1936

19. UNDERTAKER Bernard C. Hazle

(Address) 121 E. Mad St.

AUG 13 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1936, to 8-12 1936

I last saw her alive on 8-12 1936. Death is said to have occurred on the date stated above, at 9.30 m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure probably chronic myocarditis & hardening of the blood vessels.

Date of onset

Other contributory causes of importance:

Hypostatic pneumonia

No

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

26471

F 26471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-3 34-92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Hill

Annapolis Ave

(a) Residence: No. 2306 Anapolis Ave, MtWinans Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Hill

6. DATE OF BIRTH (month, day, year): Oct 18, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer 0040

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Flint Mich.

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Maggie Hill

(Address): 2306 Anapolis Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Cem Date Aug 14th 1936

19. UNDERTAKER Joseph A. Lipsky

(Address) 4049 N. Mount Street.

20. Huntingtown Williams, Md.

Registrar.

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 11 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) ..... M. D.

(Address) 3757 E. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26472

26472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Callaghan, Henry A-3

CITY OF BALTIMORE: (No. Presbyterian Eye, Ear & Throat St. A-3 Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Ernest Callaghan

(a) Residence: No. 2242 Loney St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 7, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	5	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ernest Callaghan

14. BIRTHPLACE (city or town) (State or country) Constantinople

MOTHER

15. MAIDEN NAME Marie Lahnn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Dupert

(Address) 2242 Loney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Crem. 8/15 1936

19. UNDERTAKER Wm Cook

(Address) 1219 E. Lanvale St.

20. FILED Huntington Williams, M.D.

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Aug 13 1936

I last saw him alive on Aug 13, 1936. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis, Left Acute	July 15 1936
Other contributory causes of importance:	
Brain Abscess (?)	Aug. 6

Was an operation performed? Yes Date of ... July 28 36

For what disease or injury? Acute Mastoiditis Left Date ...

Name of operation Simple Mastoidectomy Left Date July 28 36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. N. Thrift M.D.

(Address) 1017 E. Baltimore St.

M. D.

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26473

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson E. Schofield

If U. S. Veteran specify WAR

(a) Residence: No. 2810 Alameda Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Schofield

6. DATE OF BIRTH (month, day, year) Oct 1. 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather Goods Wkr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME [illegible]

FATHER

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 8/10 19[illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED AUG 11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13 1936

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1936, to August 13, 1936

I last saw h[illegible] alive on August 13, 1936 Death is said to have occurred on the date stated above, at 3 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis	6 days
Generalized Peritonitis	3 days

Other contributory causes of importance:

Broncho pneumonia (Terminal	1 day

Was an operation performed? Yes Date of August 10, 1936

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy & Cecostomy Date of 8-10-36

What test confirmed diagnosis? Op[illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lawrence Stephenson M. D.

(Address) St. Joseph's Hospital

N. B.—WRITE PLAINLY, with unfading ink. This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26474 ✓ F 26474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2635 Aisquith St. 9-7 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. L. George — If U. S. Veteran specify WAR No

(a) Residence: No. 2635 Aisquith St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida George.

6. DATE OF BIRTH (month, day, year) Nov. 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 0034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store.

10. Date deceased last worked at this occupation (month and year) 1935 — 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Deal's Island Maryland.

FATHER

13. NAME Elmoden George.

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Mary Tankersley.

16. BIRTHPLACE (city or town) (State or country) Deal's Island Maryland.

17. INFORMANT (Address) J. L. George 407 N. Eloise St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Date Aug. 15, 1936

19. UNDERTAKER (Address) Wm Cook 1219 E Fayette St

20. FILED AUG 13 1936 Huntington Williams [illegible] W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1936, to Aug. 12, 1936
I last saw him alive on Aug. 11, 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene left leg.	1934
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular-Renal Disease	?

Was an operation performed? Yes Date of June 19, 1936
For what disease or injury? Gangrene toe-Left Leg
Name of operation Amputation toe. Date of June 19, 1936
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) S. A. Tommarello, M. D.
(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH CHARCOAL PENCIL OR PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26475

F 26475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Gilmore St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola Gross

If U. S. Veteran specify WAR .....

(a) Residence: No. 525½ Gilmore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Gross

6. DATE OF BIRTH (month, day, year) Aug. 17 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

FATHER

13. NAME Samuel Penn Brooks

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Ella Hatton

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Ella Hatton

(Address) 525½ Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem Date Aug 13. 1936

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 522 N. Schroeder St

20. FILED AUG 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 9 30 9 24

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 216 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

26476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26476

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N Dunbar St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Anna Ferguson

If U. S. Veteran specify WAR

(a) Residence: No. 1807 N Dunbar St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch L Ferguson

6. DATE OF BIRTH (month, day, year) Jan. 26. 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Jerome Ottley.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Enoch L Ferguson

(Address) 1807 N Dunbar St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 8/5 19 36

19. UNDERTAKER Wilson Funeral Home

(Address) 1210 E Fayette St

20. FILED AUG 14 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 19 36

22. I HEREBY CERTIFY, That I attended deceased from 8/11/36, 19..., to 8/12/36, 19...

I last saw her alive on 8/12/36 19... Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Lesion of Heart	.
Other contributory causes of importance: Exhaustion	

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. L. Gaff, M. D.

(Address) 799 N Broadway

N. B.—WRITE PLAINLY, WITH CAPABILITY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26477

F 26477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Harthausen

If U. S. Veteran specify WAR

(a) Residence: No. 2223 Washington Boulevard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Harthausen

6. DATE OF BIRTH (month, day, year) Feb. 24th 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harley Md.

FATHER

13. NAME Thomas Harthausen

14. BIRTHPLACE (city or town) (State or country) Baltiomre Md.

MOTHER

15. MAIDEN NAME Laura B. Vernon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Marie E. Harthausen

(Address) 2223 Washington Boulevard

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Aug 15 36

19. UNDERTAKER William Cook

(Address) 129 S. Paca St.

20. FILED 19 Registrar.

AUG 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to his death on the day stated above, 10, 15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	Aug. 10th. 1936

Other contributory causes of importance:

Generalized Peritonitis Aug. 11

Was an operation performed? Yes, Date of Aug. 11 1936

For what disease or injury? Acute Splenitis

Name of operation Laparotomy Date of Aug. 11 1936

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 26478

F 26478 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Christian St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Ryf

(a) Residence: No. 1921 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Harry Ryf

6. DATE OF BIRTH (month, day, year) Sept 23, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Franklin Hoops

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Frances McAllister

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna D. Hoops

(Address) 4504 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/14 1936

19. UNDERTAKER Wm Cook

(Address) 1242 Light St

20. FILED AUG 14 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to August 12, 1936

I last saw her alive on August 12 1936 Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Cerebral Thrombosis - Left.	Jul. Aug 5

Other contributory causes of importance:

Chronic Myocarditis
Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Kerrigan M. D.

(Address) 1934 W Mass Ave.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9 O.C. Paul Stanley, Md.

F 26479

F 26479 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xv 186-a

Registered No. 66-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St., 1/3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Calvin Berke (BERK)

(a) Residence: No. Goldenring Rd St., Sparrows Pt Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 23, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Charles Berke

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Elizabeth Bohlen

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT Charles Berke

(Address) Sparrows Point Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Luth. Cemetery Date aug. 16th 36

19. UNDERTAKER Frederick Funeral Home

(Address) 7401 Belair Road

20. FILED Aug 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) aug 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from aug 13, 1936, to aug 13, 1936

I last saw him alive on Aug 13, 1936 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

Injury to right thigh — Date of onset 8/6/36

Septicemia

Terminal pneumonia

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/6, 1936

Where did injury occur? Golden Ring + Rhea Rds. — Balto. County

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on Step

Nature of injury Contusion rt. thigh

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John J. Jayes, M. D.

(Address) Church Home + Inf

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 26480

F 26480 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Presstman St. 16-7 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Katherine Carr

(a) Residence: No. 2911 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-7-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Henry Carr

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Virginia Stoner

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. C. Meredith

(Address) 3402 W. Ninth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 19 1936

19. UNDERTAKER Mary M. Meredith

(Address) 3402 W. 9th Ave

20. FILED AUG 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17/36

22. I HEREBY CERTIFY, That I attended the deceased from Aug 17 36 to Aug 17 36, 19..... I last saw h... alive on Aug 17 36, 19 Death is said to have occurred on the date stated above, at 4-15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Cerebral Hemorrhage)	Aug 17/36
Other contributory causes of importance: Cerebral Arteriosclerosis	6 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Houston Merritt M. D.

(Address) 3402 W. 9th Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26481 (65-9)

F 26481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-1 / 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 907 W. Franklin St. St. 18-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Carey

If U. S. Veteran specify WAR .....

(a) Residence: No. 907 W. Franklin St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Month Not Known 1894

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Beny Carey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henriett Small

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ida Green

(Address) 934 Harlem St.

18. BURIAL, CREMATION, OR REMOVAL Harford Co. Md

Filed Aug 14 1936 Date Aug 17 1936

19. UNDERTAKER Vernon P. Romaley

(Address) 818 East Fayette St.

Filed AUG 14 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Williams M. D.

Coroner

(Address) 2757 E. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 26482

F 26482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nannie Jackson

If U. S. Veteran specify WAR.....

(a) Residence: No. 1431 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel W. Jackson

6. DATE OF BIRTH (month, day, year) 1881 –

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm H. Fletcher

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Stevenson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Samuel W. Jackson (Address) 2222 N. Gilt. Carlisle Pa.

18. BURIAL, CREMATION, OR REMOVAL Carlisle Pa Aug 17 1936

19. UNDERTAKER Pierce P. Hennessy (Address) 818 Lexington Baltimore, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8.13 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 8.3 , 1936 to 8.13 , 1936

I last saw her alive on 8.13 , 1936 Death is said to have occurred on the date stated above, at 2.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7.16.36
Chronic cardio-renal disease	6 mo. ago.
Other contributory causes of importance:	one

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) K. L. Jackson M. D.

(Address) 100 N. Arlington Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 14 1936

F 26483 ✓ F 26483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-N Ward)

Registered No. 9235

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sonny Burrell

(a) Residence: No. 325 Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/20/1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ray Burrell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Patsy Howard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 8/15 36 19

19. UNDERTAKER Wm J. Jackson & Son
(Address) 4th & Penna Ave

AUG 14 1936 19 Arlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-15 1936 to 8-13 1936

I last saw him alive on 8-13 1936 Death is said to have occurred on the date stated above, at 5 53 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	3 yrs.
Other contributory causes of importance:	
Anuria	1 yr.

Was an operation performed? yes Date of 1 yr ago

For what disease or injury? Carcinoma Stomach

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Atlee M. D.

(Address) Balt. City Hospitals

F 26484

✓ F 26484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Ridgewood Road) 27-14 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry G. Vow Heine

If U. S. Veteran specify WAR ... NO.

(a) Residence: No. 112 Ridgewood Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Vow Heine

6. DATE OF BIRTH (month, day, year) Mar 30. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 56 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Vow Heine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adele C. Lear

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adele C. A. Wilcox

(Address) 4417 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 15 1936

19. UNDERTAKER Jno. Wm. John W. Teufel & Son

(Address) 201 W. Fayette St.

20. FILED ... 19 ... Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Month 7, 1936 to Aug 12, 1936

I last saw h... alive on Aug 12 1936 Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary thrombosis	Aug 12/36
Other contributory causes of importance:	
arteriosclerosis	1930

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

Signed ... M. D.

(Address) 1910 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

AUG 14 1936

F 26485

F 26485 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 S. Charles St. 23-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Felthousen

(a) Residence: No. 1331 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N.-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Philip H. Felthousen
6. DATE OF BIRTH (month, day, year): May 23, 1851
7. AGE — Years: 85 | Months: 2 | Days: 20 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hannover Germany

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Frank H. Moehle
(Address) 2325 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem. Date: Aug. 13, 1936

19. UNDERTAKER: R. Howard Evans
(Address) 1400 E. Baltimore St.
Huntington Williams, Jr.

20. FILED AUG 14 1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13, 1936

22. I HEREBY CERTIFY That I attended deceased from July 13, 1936 to Aug 13, 1936
I last saw h[illegible] alive on Aug 13, 1936 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardiac Thrombosis	8/13/36
Other contributory causes of importance: Senile Nephrosclerosis	6/1/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Denied Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Kirkpatrick M.D.
(Address) 1 E. Read St.

M. D. B 1268-9

F 26486

F 26486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

168

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S. Broadway St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Young Jr.

(a) Residence: No. 800 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30(?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country) ?

FATHER

13. NAME William Young

14. BIRTHPLACE (city or town) ?
(State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country) ?

17. INFORMANT Eastern Police Station
(Address) Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Putnam Gt. Date Aug 14. 1936

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E Baltimore St.

19. FILED ... 1936 Registrar. Washington Williams, M.D.

AUG 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of both wrists	
Laceration of Neck -	

Other contributory causes of importance:
Hemorrhage

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug. 13. 1936

Where did injury occur? 800 S. Broadway - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hotel

Manner of injury Cut self with a razor blade.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B 1268-9

F 26487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26487

93-D

1. PLACE OF DEATH on sidewalk

CITY OF BALTIMORE: (No. Hayward & Park Ave & Eutaw St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Harry Vogt

If U. S. Veteran specify WAR

(a) Residence: No. Park Ave & Belvidere Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transient

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Volunteers Hosp of America

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 15 1936

19. UNDERTAKER C. Vernon Sehman

(Address) 411 Park Ave

20. FILED AUG 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	? 1936
Other contributory causes of importance: Cardiac asthma	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Suicide Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Bridenbaugh Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

26488 ✓ F 26488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Fords Lane Ward) 27-20

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar Strauss

(a) Residence: No. 3900 Fords Lane Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rita B. Strauss

6. DATE OF BIRTH (month, day, year) Nov. 23, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Eleazer Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Getta Frank

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Strauss
(Address) 3900 Fords Lane

18. BURIAL, CREMATION, OR REMOVAL
Balto. Hebrew Cem. D. Aug 14 19 36

19. UNDERTAKER Aging Sondheim & Son
(Address) 1902 Eutaw Pl.

20. FILED ... 19 ...
Registrar.

AUG 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from August ✓ 19 36 to Aug 14 1936

I last saw h... alive on August 14, 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 13

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Sherry M. D.

(Address) 3411 Forest Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B 1268-9

F 26489

26489 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+210-9

1. PLACE OF DEATH Union Memorial Hosp — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1200 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clyde Bullock — If U. S. Veteran specify WAR .....

(a) Residence: No. 316 North Point Road St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 7, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interstate roofing Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Edward Bullock

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Ossie Ramsey

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Bertha Barnard

(Address) 310 North Point Road

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date August 15, 1936

19. UNDERTAKER Zilly & Zeiler Inc

(Address) 403 S. Wolfe Street

FILED AUG 14 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	8/12/36
probable fracture skull	8/12/36

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/12 , 1936

Where did injury occur? Embassy Roadhouse Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Automobile truck to pass Auto truck & struck tree

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley Coale M. D.

Coroner

(Address) 927 N. Charles

B. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26490

F 26490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 15064

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tuberculosis Division Baltimore City Hospitals 22-7 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Pollard

(a) Residence: No. 809 Joyce Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 14 1936

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert (D)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Gay ? (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 8/17 1936

19. UNDERTAKER Walter Boyd & Co
(Address) 139 W. Saratoga St.

20. FILED AUG 14 1936 21. Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936 to August 13 1936

I last saw h alive on August 13 1936 Death is said to have occurred on the date stated above, at 4:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

F 26491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26491

CERTIFICATE OF DEATH

✓159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St 23-1 Ward)

Registered No. 16 314

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ½ hr. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Felder, Baby Boy

(a) Residence: No. 149 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 14 1936

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 45 min.
½ hr.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Elbert Felder

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ethel Holliday

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Aug 14 1936

19. UNDERTAKER [illegible]
(Address)

[illegible] 19
Registrar.

2533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1936 to Aug 11, 1936

I last saw h— alive on — 19—. Death is said to have occurred on the date stated above, at 6.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) Balto City Hospitals

F 26492

F 26492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1199 Ward) 316-12

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Lee

(a) Residence: No. North Pt. Nr. Rosebank Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1888 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Lee

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lizzie Fuller

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Medical School Date Aug 14 1936

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

AUG 14 1936

2554

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7- , 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-9-34 , to 8-7- , 1936

I last saw h alive on 8-7 , 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign duodenal ulcer perforating	7
Other contributory causes of importance: Ileus	6 wks

Was an operation performed? Yes Date of 7-13-36

For what disease or injury? Duodenal ulcer

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Altmeyer M. D.

(Address) Balt. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26493

CERTIFICATE OF DEATH

93-c

5-1

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1442 N. Eden Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Jane Smoot

If U. S. Veteran specify WAR

(a) Residence: No. 1442 N. Eden Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W Smoot

6. DATE OF BIRTH (month, day, year) May 25th 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Oliver Stuck

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Mitchel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lawrence Burns (Daughter)

(Address) 1442 N. Eden Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Aug 15th 1936

19. UNDERTAKER George J Ruth Inc.

(Address) 1735 Harford Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to Aug. 12 1936

I last saw h[er] alive on Aug. 12, 1936. Death is said to have occurred on the date stated above, at 11 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel B Wolfe, M. D.

(Address) 1331 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 14 1936

F 26494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26494

CERTIFICATE OF DEATH

15499 ✓137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts., St. 4-V Ward)

Length of residence in city or town where death occurred 1921 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Willman

(a) Residence: No. 753 W. Lexington St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-30-1382

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4 3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper-Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Thurmont Date Aug 16. 1936

19. UNDERTAKER Fred W Krause
(Address) Hagerstown Md

20. FILED AUG 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-5 1936 to 8-14 1936

I last saw him alive on 8-14 1936 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate	6 mo.
Coronary sclerosis	?

Other contributory causes of importance:

Was an operation performed? yes Date of 8-11-36

For what disease or injury? Hypertrophy of prostate

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Hoffmeyer M. D.

(Address) Balt. City Hosp.

F 26495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26495

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hosp. St., 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen STEVE PAKULSKI

If U. S. Veteran specify WAR .....

(a) Residence: No. 3502 Elliott Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 28-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	26	0	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Company

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Steve Pakulski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Ryzgonska

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Pakulski

(Address) 3502 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug 17 1936

19. UNDERTAKER Martin M. E. Dippel

(Address) 37 Eastern Ave Baltimore, Md.

20. FILED AUG 14 1936 Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-3-36, 19..., to 8-13-36, 19...

I last saw h. alive on August 13, 1936. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Post-operative Cardiac failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-11-36

For what disease or injury? Carcinoma of Rectum

Name of operation Wide Operation for Ca of Rectum Date of 8-11-36.

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Matthew Wolf M. D.

(Address) South Balto Gen Hosp.

F 26496

F 26496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anne May Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 4 S. Amity St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Horace Thomas

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Grace Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace Thomas

(Address) 45 Amity

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 8/14 1936

19. UNDERTAKER Jones & Pate R. Williams

(Address) 324 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elmer B. Wallace M. D.

Coroner

(Address) 1031 St Paul

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V 86

AUG 14 1936

F 26497

F 26497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 128

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Raymond

(a) Residence: No. 904 J St. St., Ward. Sparrows Point Md

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 14 1936

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Grant Byrd

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Ferguson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Midland Va. Date Aug 14 1936

19. UNDERTAKER Archibald A. Ladd

(Address) 2101 McCulloh St.

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1936 to Aug. 12 1936

I last saw her alive on Aug. 12 1936. Death is said to have occurred on the date stated above, at 3 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pancreatitis	Aug. 9, 36
c Shock	1
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug. 11, 36

For what disease or injury? Exploratory laparotomy for diagnosis and drainage.

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmett C. Sherrill M. D.

(Address) Johns Hopkins Hospital

F 26498

F 26498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH

Registered No. 13364

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5-1 Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Hawes

(a) Residence: No. 109 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/10/1864

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
72	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John Hawes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hgts. Date 8-14 1936

19. UNDERTAKER J. J. Flaherty & Sons
(Address) 1538 Eutaw St

20. FILED AUG 14 1936 H. Easton Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12-36

22. I HEREBY CERTIFY, That I attended deceased from 8-5 1936 to 8-12 1936

I last saw h. l. M. alive on 8-12 1936 Death is said to have occurred on the date stated above, at 6 05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia (Primary)	8-5-36
Hodgkin's Disease	Nov. 1935
Other contributory causes of importance:	
Arteriosclerosis	Unk.

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) John F. Rooney M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 26499

F 26499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 929 N. Chapel St., 7-4 (Ward)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Judie Richardson

(a) Residence: No. 929 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of James Richardson

6. DATE OF BIRTH (month, day, year) 1876 A.D.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 207

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Keysville Virginia.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Keysville, Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Keysville, Va.

17. INFORMANT George F. Richardson
(Address) 317 Franklin St. Bedford, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Aug. 15, 1936

19. UNDERTAKER Robt E. McGuire
(Address) 15-15 McElderry St.

20. FILED AUG 15 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1936 to Aug. 12, 1936

I last saw her alive on Aug 11, 1936 Death is said to have occurred on the date stated above, at 9 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	8/4/36
Other contributory causes of importance:	
Ovarian Cyst (Ruptured)	July 31

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Francis C B Luke M. D.

(Address) 1741 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26500

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH St Joseph's Hospital
CITY OF BALTIMORE: (No. 4400 N. Caroline St., 4-4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Oscar Neidel

(a) Residence: No. Ridgely, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin, Germany

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Records of St Joseph's Hospital
(Address) Caroline & Oliver Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Ridgely, Md. Date Aug. 15 1936

19. UNDERTAKER Gregory Hoeck Undertaking
(Address) 1301 E. Oliver St

19. [illegible] Baltimore, Md

AUG 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1- 1936 to 8-14- 1936

I last saw him alive on 8-14-36 1936. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs-	6-1-36 (?)

Other contributory causes of importance:

Generalized Metastatic Carcinoma-

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank S Hyman M. D.

(Address) St Joseph's Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

26501

F 26501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 5 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Willie May Shortel

If U. S. Veteran specify WAR

(a) Residence: No. 421 Pearl St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Shorter

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma Collins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma Shortel

(Address) 421 Pearl St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 8/15/36 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..19.. Registrar [illegible]

AUG 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Otitis Media	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2757 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in [illegible] OCCUPATION is very important. [illegible]

M. D. B 1268-9

26502 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26502

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3525 Hickory av St., 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Wheeler

If U. S. Veteran specify WAR .....

(a) Residence: No. 3525 Hickory av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Wheeler

6. DATE OF BIRTH (month, day, year) Nov 2, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0031

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael J. Wheeler

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Rutherford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella M. Wheeler

(Address) 3525 Hickory av

18. BURIAL, CREMATION, OR REMOVAL

Mount Cathedral Date Aug 17, 1936

19. UNDERTAKER Chenowith & Glass

(Address) 3615 17 Gwynns Falls Ave

Filed AUG 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	8/13/36
Other contributory causes of importance: Heat Exhaustion	8/13/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ed Hedemoser M. D.
Coroner

(Address) Coroner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-e

F 26503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26503

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Harford Ave Ward) 4-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Selby

(a) Residence: No. 2914 Harford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Selby (nee Mentz)

6. DATE OF BIRTH (month, day, year) Sept 24, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Windsor Md

FATHER

13. NAME William Selby

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hannah Delphey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Florence Browning

(Address) 2914 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place In Church yard Date Aug 16 1936

19. UNDERTAKER Conway Bros and L. C. Hubbard and Son

(Address) Conway Bros and L. C. Hubbard and Son

AUG 15 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936 to Aug 14 1936

I last saw him alive on Aug 12 1936 Death is said to have occurred on the date stated above, at 3.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown
Other contributory causes of importance:	
Apoplexy	8/3/36

Name of operation None. Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. B. Egbert M. D.

(Address) 2802 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26504

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carey Hunter

If U. S. Veteran specify WAR

(a) Residence: No. 1610 Harlem Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hunter

6. DATE OF BIRTH (month, day, year) June 12-1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edwards N C

FATHER

13. NAME Carey C Hunter

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Cottie Satchfield

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Alice Hunter

(Address) 1610 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Edwards N C Date 8/17 1936

19. UNDERTAKER Chas. H. Chase & Son

(Address) 638 N. Gilmor

Eugene Williams

Registrar.

AUG 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquest & autopsy (Inquest, Autopsy or Inquiry) I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot of right lung & chest.	Aug 9
	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed the diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Aug 9, 1936

Where did injury occur? 764 Dolphin St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place - alone

Manner of injury Gun shot wound of right

Nature of injury lung and chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Sellers M. D.

Coroner

(Address) 20 J Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

26505

F 26505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N Collington ave St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Seifert

(a) Residence: No. 710 N Collington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Seifert

6. DATE OF BIRTH (month, day, year) May 27 th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Fireman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary boiler

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Seifert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Seifert
(Address) 710 N Collington ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date Aug 17 1936

19. UNDERTAKER John Uelmhd
(Address) 2008 Orleans st

20. FILED Aug 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18 1936 to aug 14 1936
I last saw him alive on Aug. 14 1936 Death is said to have occurred on the date stated above, at 4.10 mP M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vas. Renal Disease	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.
(Address) 2300 E Madison st

VS 3, 36

AUG 15 1936

Registrar, Baltimore, Md.

F. D. 28506 — BRADEN — ✓ F 26506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Rot~~ Johns Hopkins Hosp St. 502 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roberta Braden (BRADEN)

If U. S. Veteran specify WAR

(a) Residence: No. 632 Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton Gaston

6. DATE OF BIRTH (month, day, year) 12/24/1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32.	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME B. Satchel

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Preston Satchel (Address) 1034 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Aug 15 1936

19. UNDERTAKER Rayner Sanders (Address) 1413 E. Preston St

Elmer Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
	20 yrs

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenberg M. D. Coroner

(Address) 1918 E. Northern Ave.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

AUG 15 1936

M. D. B. 1268-9

F 26507

26507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Franklin Square Hospital 27-16

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Blanche Reese

(a) Residence: No. 3009 Rosalind Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert N. Reese

6. DATE OF BIRTH (month, day, year) July 7-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Metzger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME C. Fenton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Robert N. Reese

(Address) 3009 Rosalind Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Aug 17, 1936

19. UNDERTAKER J. H. Tenney & Sons

(Address) 1211 Eutaw Place

20. FILED AUG 15 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/12/1936 to 8/14/1936

I last saw her alive on 8/14/1936. Death is said to have occurred on the date stated above, at 8.57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix Uteri	
Other contributory causes of importance:	
Myomata Uteri	

Name of operation Pan Hysterectomy Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. J. Battaglia M. D.

(Address) Franklin Sq. Hosp.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 15 1936

F 26508 F 26508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Northway Apts St. 27-11 Ward)

Length of residence (in city or town where death occurred) 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Spriggins

(a) Residence: No. Northway Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary D. Spriggins

6. DATE OF BIRTH (month, day, year): Sept. 29, 1864

7. AGE: Years 71 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst to Genl Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Passenger Depot Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00 13

12. BIRTHPLACE (city or town) (State or country): Marshall Co. W. Va.

FATHER

13. NAME: Rev. Edw. Spriggins

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Mary Jane Long

16. BIRTHPLACE (city or town) (State or country): Marshall Co W. Va.

17. INFORMANT: Mrs Edw Kirk Spriggins
(Address) 1302 Dice Ave. Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cem. Aug 15 36

19. UNDERTAKER: Wm McCue & Sons
(Address) Gould & Hayes Huntington Williams

20. FILED 19 Registrar.

AUG 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1936 to Aug 13 1936

I last saw h alive on Aug 12 1936. Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset Aug 10, 5 30 PM

Other contributory causes of importance:

Chr. Art. Hypertension

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carroll Lockard M.D.

(Address) 4 E. Preston St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5

M. D. B 1265-9

F 26509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26509

47-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Chase

If U. S. Veteran specify WAR .....

(a) Residence: No. 537 W. Cross St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 31, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	45	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles C. Gross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Fisher

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harry Gross

(Address) 537 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/16/36

19. UNDERTAKER A. A. Geddes

(Address) 2101 N. Fremont

FILED AUG 15 1936 19.. Eston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Trachea	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. R. Schrader M. D.

Coroner

(Address) 2737 W. North

14

26510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26510

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Riggs Ave St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Christian

If U. S. Veteran specify WAR

(a) Residence: No. 1709 Riggs Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Christian

6. DATE OF BIRTH (month, day, year) Nov. 22, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	52	8	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Henry Nelson

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Carrie Wells

(Address) 1920 Berks St. Phila Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 8/16/ 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston St.

Registrar.

AUG 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1936 to Aug 12 1936

I last saw h[illegible] alive on Aug 12 1936 Death is said to have occurred on the date stated above, at 3:35 P.M.

The principal cause of death and related causes of importance were as follows:

Duration

Myocarditis 4 days

Other contributory causes of importance:

arm

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 26511

F. 26511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH West Baltimore Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 15-8 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ronald Emerson Everett — If U. S. Veteran specify WAR .....

(a) Residence: No. 3619 Keyworth St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb. 27, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Everett

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Dorothy A. Wilt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Robert Everett
(Address) 3619 Keyworth Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 8/15/36 19

19. UNDERTAKER Philip Lewis Sons
(Address) 2016 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) O. H. Leyer Coroner M. D.

(Address) 12 E. Hamburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 15 1936

F 26512

26512 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Madison Ave St., 14 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Harding

If U. S. Veteran specify WAR

(a) Residence: No. 1824 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rodeella Harding

6. DATE OF BIRTH (month, day, year) April 16 14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	22	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

MOTHER FATHER

13. NAME Wayland Harding

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Katie Croston

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Katie Harding

(Address) 1824 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg Va Date Aug. 15 36

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E. Saratoga St.

20. FILED ... 19 ... Clinton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936 to Aug. 14, 1936

I last saw him alive on Aug 14, 1936. Death is said to have occurred on the date stated above, at 11.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumonia	Aug 1 36
b.	
c.	
d.	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Bradshaw Higgins M. D.

(Address) 2243 Madison Ave

F 26513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26513

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 W. Fairmount Ave 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Napolean Dickerson

If U. S. Veteran specify WAR

(a) Residence: No. 820 W. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Dickerson

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd jobs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lottie Dickerson

(Address) 820 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 15, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

UG 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to Aug 11, 1936

I last saw him alive on Aug 11, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan '36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. Avery Harrison M.D.

(Address) 753 W. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26514

A. B. # 263

F 26514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Md. General Hospital 16-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel W. Ward,

(a) Residence: No. 2869 W. Lafayette Ave, St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

R. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 23 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 0663

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 9/13/34 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Calvert Co. Md.
(State or country)

FATHER

13. NAME ? Ward

14. BIRTHPLACE (city or town) Calvert Co. Md.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Calvert Co. Md.
(State or country)

17. INFORMANT Mrs. B. F. Brittingham

(Address) 2869 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn cem Date Aug 17 1936

19. UNDERTAKER Geo. W. Little & Son Edmondson Ave.

(Address)

20. FILED ..... 19 ..... Registrar

AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 710 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hays Coroner, M. D.

(Address) 1265 Hanover

E 26515

26515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ella Naman

If U. S. Veteran specify WAR

(a) Residence: No. 2245 Prospect Ave St., Ward.
(Usual place of abode) Bronx, N. Y. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Sherwin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Gudof

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs M. Schlossberg

(Address) 3706 Forrest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New York N. Y. Date Aug 16 1936

19. UNDERTAKER Sol Levinson Bros

(Address) 1127 E Baltimore St

AUG 16 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14 1936

22. I HEREBY CERTIFY, That I attended deceased from August July 29 1936 to August 14 1936

I last saw her alive on Aug. 14 1936. Death is said to have occurred on the date stated above, at 8:04 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIABETES MELLITUS	1930
Other contributory causes of importance: DIABETIC GANGRENE (FOOT-LEFT)	JULY 15 1936.

Was an operation performed? YES Date of AUG 13-1936.

For what disease or injury? DIABETIC GANGRENE (FOOT)

Name of operation AMPUTATION - LEG. Date of AUG 13-36

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert J. Healy, M. D.

(Address) St. Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26516

F 26516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hulda Weiner

If U. S. Veteran specify WAR .....

(2) Residence: No. 306 N. Fremont ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Herman Weiser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Kleinman

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Herman Weiner

(Address) 306 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Herring Run Date Aug 16. 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 11 L & Lee St

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936 to Aug. 15, 1936

I last saw h.. alive on Aug. 15, 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	April 10, 1936
Other contributory causes of importance:	
Septicemia	
Pulmonary Infarction	
Mitral Stenosis, Ac. Rheum. Fever	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

(Baker)

F 26517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26517

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. General Hospt. 7/121 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 700 Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Rubin Baker

(a) Residence: No. 2103 Christian st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tonsorial Cab owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Baker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Potlock

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Baker

(Address) 2103 Christian St

18. BURIAL, CREMATION, OR REMOVAL

Where Hebrew Herring Run Date Aug 16. 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto. St

AUG 16 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 5 1936 to August 15 1936

I last saw h[illegible] alive on August 15 1936 Death is said to have occurred on the date stated above, at 6:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendicitis	8/6/36
Generalized peritonitis	8/4/36

Other contributory causes of importance:

Name of operation Appendectomy Date of 8/6/36

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry S. Limbert, M. D.

(Address) 1 West Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26518

F 26518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Church Home + Infirmary. 13-2 Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary E. Diggs. Ella May B. Diggs

(a) Residence: No. 2122 Bolton Street. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Diggs.

6. DATE OF BIRTH (month, day, year) March 9, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife. 00037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles R. Burgess.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Ellen Colloday.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Albert Diggs

(Address) 2122 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date August 17 1936

19. UNDERTAKER Jos. O'M. Cook

(Address) 1003 W. Baltimore St.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936. to August 14, 1936.

I last saw her alive on August 14, 1936. Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease.	

Other contributory causes of importance:

Septicemia.
Acute Streptococcic.
Peri-rectal abscess.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Myers, M. D.

(Address) Church Home + Inf.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 16 1936

F 26519

14905

F 26519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Koenig

(a) Residence: No. 765 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-17-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar-Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00.1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Myer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Aug. 17th 1936

19. UNDERTAKER Charles W. Dill.
(Address) 3109 Frederick Ave.

20. FILED Aug 16 1936 H. Finster Williams, Registrar.
KFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1936 to 8-14, 1936
I last saw him alive on 8-14 1936 Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Other contributory causes of importance: Diabetic gangrene Rt. foot.	3 mos.

Was an operation performed? yes Date of 8-8-36
For what disease or injury? Amputation for diabetic gangrene Rt. foot
What test confirmed diagnosis? Physical Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Hoover M. D.
(Address) Balt. City Hosp.

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-6

F 26520

F 26520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary St., 4-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest N. Meyers

If U. S. Veteran specify WAR

(a) Residence: No. 807 S. 4th St., Fulton Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Edna Meyers

6. DATE OF BIRTH (month, day, year) April 11- 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER FATHER

13. NAME Andrew Meyers

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Jennie Gorsuch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna Meyers

(Address) 807 S. 4th Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 8/17 19 38

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED 1938 Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest, find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/14 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Md. Penitentiary

Manner of injury Hanging by neck to Hook in cell using sheet for rope

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Chas B. Wallace M. D.

Coroner.

(Address) 1081 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vse

AUG 16 1938

F 26521

26521 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 Lamont Ave St., 9-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles C. Stein

If U. S. Veteran specify WAR .....

(a) Residence: No. 1746 Lamont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Stein

6. DATE OF BIRTH (month, day, year) Feb 14 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie M. Stein
(Address) 1746 Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 18 1936

19. UNDERTAKER Hugh C. Quinn
(Address) 1200 Eutaw Pl

AUG 18 1936

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 1936 to August 15 1936

I last saw him alive on Aug 15 1936. Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	July 30 36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Logan, M. D.

(Address) 1261 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26522

26522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Jenkins Memorial Hosp. 20-8 Registered No. .....

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary A. Hooper

(a) Residence: No. 414 Roslyn Terrace St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar C. Hooper

6. DATE OF BIRTH (month, day, year) June 2, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84 yrs 8 mos	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Wm. Thomas Pitt

14. BIRTHPLACE (city or town) Nansemond Co. (State or country) Va.

MOTHER

15. MAIDEN NAME Mary J. Daly

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Jenkins Memorial Hosp. (Address) 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 8/18, 19

19. UNDERTAKER [illegible]

(Address) [illegible]

AUG 16 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Aug. 15, 1936

I last saw her alive on Aug. 15, 1936 Death is said to have occurred on the date stated above, at 1500 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	8-13-36
Chronic arthritis	
Arteriosclerosis	
Deafness	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Warr M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26523

F 26523 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1975 Denmore av St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte Elizabeth Fillingham If U. S. Veteran specify WAR .....

(a) Residence: No. 1975 Denmore av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 31 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pontiac Mich.

FATHER

13. NAME David Fillingham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Eggleston

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs H. E. Bacon

(Address) 1975 Denmore

18. BURIAL, CREMATION, OR REMOVAL

Place Holly Mich. Date Aug 16 1936

19. UNDERTAKER Henry W. Dreckman Sons & Eichelberger

(Address) 1911 Eutaw Pl

20. Filed AUG 16 1936 Registrar Huntington Williams M.D. RPP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930 to Aug. 15, 1936

I last saw her alive on Aug. 14, 1936. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Cardiac sclerosis with dilatation	Aug. 10 '36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Palpation & sound Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Tilden Howard, M. D.

(Address) 12 E. Eager Street

AUG 16 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26524

F 26524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

25-5

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1615 Benhill St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 30 yrs. --- mos. --- ds.

2. FULL NAME Antoni Seilik. (Setlik)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1615 Benhill St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ (or) WIFE of (Setlik) Alois Seilik.

6. DATE OF BIRTH (month, day, year) May 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Blanche Spicka. (daughter)

(Address) 1527 Cherry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross, 44 Date Aug 17 19 36

19. UNDERTAKER Leach Bros. Son

(Address) 1916 Eastern Ave

AUG 16 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Reinhardt M. D.
Coroner

8/14/36 (Address) 1017 S. Charles St.

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26525

26525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 E. Lanvale St. St., 8-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick W. Bittorf

(a) Residence: No. 2012 E. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bittorf Annie E. Schoenhals

6. DATE OF BIRTH (month, day, year) June 6, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June, 1925

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. C. Bittorf

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER

15. MAIDEN NAME Wilhelmina Weishrod

16. BIRTHPLACE (city or town) (State or country) Hessen Castel Germany

17. INFORMANT Mrs. Annie E. Bittorf

(Address) 2012 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug. 17 1936

19. UNDERTAKER Frederick Lazenby Law

(Address) 7401 Belair Road

20. FILED Huntington Williams Registrar.

VS 3

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1936 to Aug 15 1936

I last saw h[illegible] alive on Aug 15 1936. Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease Arteriosclerosis	1 Yrs.
Chronic Myocarditis	

Other contributory causes of importance:

Myocardial Insufficiency

Pulmonary Congestion

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Reynolds M. D.

(Address) 156 W. Hoffman Ave.

F 26526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Ottenheim St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Bowie

If U. S. Veteran specify WAR

(a) Residence: No. 208 Ottenheim St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Bowie

6. DATE OF BIRTH (month, day, year) 8/7/1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME John Bowie

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minnie Hewson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rachel Bowie

(Address) 1619 Saint Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Anne Arundel Co Md Date Aug 17, 1936

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ... 19... Huntington Williams, M.D.

AUG 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/11/1936 to 8/14/1936

I last saw him alive on 8/13/1936 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	2/1/36
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. B. Hurtt M. D.

(Address) 912 Eilmont St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Carey St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 604 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Common Law

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Williams

6. DATE OF BIRTH (month, day, year) June 7 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Celia unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Emma Myers Williams

(Address) 604 N. Carey

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 17, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. Augustus Williams, Registrar.

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 10 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. Hann Coroner, M. D.

(Address) 12 E Hamburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26528

F 26528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 775 Sarah Ann St. St., 4-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Lindeman

If U. S. Veteran specify WAR

(a) Residence: No. 775 Sarah Ann St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Lilian Lindeman

6. DATE OF BIRTH (month, day, year) May 23 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Lindeman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Minnie Seiglerhouer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lilian Lindeman

(Address) 641 S. Kendwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 12 1936

19. UNDERTAKER Tilly & Zeitler

(Address) 668 S. Broadway

19a. FILED AUG 16 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. K. Mellen M. D.

(Address) 3757 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN W. MORRIS

If U. S. Veteran specify WAR

(a) Residence: No. 938 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Morris

6. DATE OF BIRTH (month, day, year) Aug. 3-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist At C. 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Morris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Minnie Morris (Wife)

(Address) 938 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem., Date Aug. 18 1936

19. UNDERTAKER Lilly & Zeller Jr.

(Address) 403 S. Broadway

20. FILED 19 Remington Williams, Registrar.

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of L. Maxillary Bone	

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 14. 1936

For what disease or injury? To controle Hemorrhage

Name of operation Tie Vessel Date of Aug. 14, 1936

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Cullen M. D. Coroner

(Address) 3757 H. Ave

INSTRUCTIONS.—PRINT LEGIBLY WITH INK IN ALL BLANK SPACES—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

9112 Paul Ahearn, M.D.

F 26530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26530

CERTIFICATE OF DEATH

Registered No. 9-5 1936a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Avon Ave St.) (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Keesler

(a) Residence: No. 3214 Avon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeremiah M. Keesler

6. DATE OF BIRTH (month, day, year) Oct 5. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Several years. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Krauss

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Rundle

16. BIRTHPLACE (city or town) (State or country) Winchester, Va

17. INFORMANT Frederick J. Keesler
(Address) 3214 Avon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 17. 1936

19. UNDERTAKER John A. McGraw
(Address) 3000 E. Balto. St.

Huntington Williams Jr.
Registrar.

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15-, 1935 to 8-12-, 1936
I last saw her alive on 8-12-, 1936 Death is said to have occurred on the date stated above, at 10.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	8/12/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 8-12-1936

Where did injury occur? 3214 Avon Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fell down cellar steps

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jno. B. Sybert M. D.

(Address) 2802 Harford Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26531

F 26531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 N. Exeter St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jack Krasher

If U. S. Veteran specify WAR .....

(a) Residence: No. 155 N. Exeter St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Lafferstein

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Coroner's Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodeph Shalom Cem. Aug 16 1936

19. UNDERTAKER Jack Kelvis Inc.

(Address) 1437 E. Baltimore St.

20. FILED ..... 19... Registrar.

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/15, 1936

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 155 N. Exeter

Manner of injury Hung himself to

Nature of injury Strangulation & Asphyxia

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Orin B. D. Gillet M. D.

Coroner

(Address) 1031 St. Paul St.

vse

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26532

F 26532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Bridget Collins

(a) Residence: No. 2413 Maryland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thos. E. Collins

6. DATE OF BIRTH (month, day, year) Aug. 1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Eaton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Flannery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Anna Garwyn

(Address) 2413 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Cem. Date 8/17/ 1936

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

Huntington Pittsburgh, Pa.

19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31 1936 to Aug. 13 1936

I last saw her alive on 8/13 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterus Sclerosis and	2
Hypertension —	1
Cardio Vascular Disease	

Other contributory causes of importance:

Secondary Anemia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilson Hollister M. D.

(Address) Franklin Sq. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6 16 1936

F 26533

26533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) 1206 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Arista Byron Hoge

If U. S. Veteran specify WAR NONE

(a) Residence: No. Wyoman Park Apts Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mrs Arista B. Hoge

6. DATE OF BIRTH (month, day, year) Oct 21 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco industry

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Virginia

FATHER

13. NAME Peter B. Hoge

14. BIRTHPLACE (city or town) (State or country) Augusta Co Virginia

MOTHER

15. MAIDEN NAME Mary Jordan

16. BIRTHPLACE (city or town) (State or country) Augusta Co Va.

17. INFORMANT Mrs Helen R. Hoge (wife)

(Address) Wyoman Park Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Date Aug-17 19 36

19. UNDERTAKER Sherwood Monroe Co.

(Address) 1000 Monroe

Eugene Williams

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936 to Aug 15 1936

I last saw him alive on Aug 15 1936 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cholecystitis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 5-20-36

For what disease or injury? Chronic cholecystitis

Name of operation Cholecystectomy Date of 5-20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. B. Smith, M. D.

(Address) Union Mem Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26534

F 26534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Homewood Ave. Ward) 9-8

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes C. Dunning

(a) Residence: No. 1909 Homewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John J. Dunning

6. DATE OF BIRTH (month, day, year) July 23 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Michael Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Caroline Zinck

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs. F. Koff
(Address) 1909 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 17, 1936

19. UNDERTAKER Martin Flaherty & Sons
(Address) 1827 N. Howard Ave.

[illegible] 19 [illegible] Registrar.

AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1936 to Aug 17, 1936

I last saw her alive on Aug 14, 1936. Death is said to have occurred on the date stated above, at 12 a.m.

The prinripal rause of death and related rauses of importanre were as follows:

	Date of onset
Cerebral apoplexy	3 days

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homiride? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify rity or town, rounty, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Howard Koff M. D.

(Address) 20 20 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 26535

F 26535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Collington Ave. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Stach

(a) Residence: No. 909 N. Collington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Stach

6. DATE OF BIRTH (month, day, year) Nov 1st 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna Whitley

(Address) 909 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 17th 1936

19. UNDERTAKER Leo G. Brook

(Address) 1703 N. Pattenson Park Ave

Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13 1936 to Aug. 13 1936

I last saw her alive on Aug 13 1936 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Arteriosclerotic Cardio-Renal Vascular Disease	-
2) Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. P. MacLaughlin M. D.

(Address) 2000 Hollins St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 16 1936

Spec.—8-24-14—M. & T.—2000 Bks.

(Colored) F 26536

26536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓92-a

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3116 Barclay St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beanjion Omar

(Residence in Baltimore: No. 924 Argyle Ave. above 75 years Baltimore St.; ..... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (Write the word.) Widower

6-DATE OF BIRTH, April — (Month) (Day), 1858 (Year)

7-AGE, 78 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country) Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eulalia Beanjion

(Address) 3116 Barclay St.

15- 8-16-1936, 191..., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13, 1936 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June — 1936 to Aug 13 1936 that I saw h alive on ..... 191..., and that death occurred, on the date stated above, at 6 05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. 14 ds.

(Signed) H. Weisbard M. D.

8/13-1936 (Address) 320 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's-Leem. Gdns. DATE OF BURIAL, Aug 17..... 1936

20-UNDERTAKER Mrs. Robert A. Elliott Daughter ADDRESS 1129 Lanvale

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26537

F 26537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Bolton St. St. 13-W Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry C. Remmers

(a) Residence: No. 2005 Bolton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wittig

6. DATE OF BIRTH (month, day, year) August 22, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Arend Remmers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cecine Cordes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Remmers
(Address) 2005 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Aug. 16/36 19

19. UNDERTAKER Henry W. Means & Son
(Address) 1800 N. Calvert St.

20. FILED Huntington Williams M.D. AUG 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to Aug. 14, 1936

I last saw h.. alive on June 17, 1936 Death is said to have occurred on the date stated above at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1933
Arteriosclerosis	
Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	8/14/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. G. Jones M. D.

(Address) 720 N. Monroe Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26538

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 1-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edward S Pilat

(a) Residence: No. 3139 Dillon St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Pilat

6. DATE OF BIRTH (month, day, year) Oct. 27 09

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 1080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johnson Press Hat.

10. Date deceased last worked at this occupation (month and year) 8 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Pilat

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Louise Pilat

(Address) 3139 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Aug 17 1936

19. UNDERTAKER Hartley D. Fairbank

(Address) 1021 Pennsylvania Ave

20. (Filed) 19 Registrar.

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6/1936 to 8/13/1936

I last saw him alive on 8/13/1936. Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus (Post operative)	
Bilateral inguinal hernia	
Appendicitis	

Other contributory causes of importance:

Bilateral herniotomy (inguinal)

Name of operation Appendectomy Date of 8/5/36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. T. Bathagler M. D.

(Address) Franklin Sq. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 8224
26539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26539

CERTIFICATE OF DEATH

x 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Gradan

(a) Residence: No. 1614 Virginia St. St., ... Ward. Charleston - W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 11/27/89

7. AGE: Years 46 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME Baer Seresezwatzky
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME Rose Balk
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT Records-
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebr. Cem. Date Aug. 17 1936

19. UNDERTAKER Harris Sonnheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19..... [illegible]

AUG 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936, to Aug 15, 1936
I last saw her alive on Aug 14, 1936 Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Hypertensive Cardiovascular Disease	?
(2) Chronic Glomerulo-Nephritis	?
Other contributory causes of importance: Uremia	July 15
Broncho-pneumonia, terminal	Aug 10

Was an operation performed? No Date of —
For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Rankin C. Blount, M. D.
(Address) Johns Hopkins Hosp. Balt. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26540

F 26540 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St. 25-4 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Maggie Fillmore

If U. S. Veteran specify WAR .....

(a) Residence: No. 3560 6th st., Brooklyn, Maryland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced (or) WIFE of Robt. H. Fillmore

6. DATE OF BIRTH (month, day, year) April 26 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 0 0 31

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

FATHER

13. NAME Graham Acton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Katie Schull

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Robt. G. Fillmore (Son)

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 17, 1936

19. UNDERTAKER John F. Denny

(Address) 713 Light St.

20. FILED ..... 19 ..... Registrar

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1936 to August 14, 1936

I last saw h.e.A. alive on August 14, 1936 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis, complicated	?
by Uremia	1 month

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) South Balto General Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 8 3

F 26541

26541

HEALTH DEPARTMENT—CITY OF BALTIMORE

V131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto Md.

CITY OF BALTIMORE: (No. 2309 W. Lanvale St. 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothea Richwien

(a) Residence: No. 2309 W Lanvale St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Richwien

6. DATE OF BIRTH (month, day, year) March 24-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME William Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wm Zies

(Address) 2309 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Aug 18 1936

19. UNDERTAKER Wm Loerdner & Son

(Address) 2107 S Paca St

[illegible] Huntington Ave

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH 11-30-36

21. DATE OF DEATH (month, day, year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17 1936 to Aug 15 1936

I last saw her alive on Aug 14 1936 Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis	

Other contributory causes of importance:

Gastro Intestinal affection

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation no operation Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Kenneth Fargo M. D.

(Address) 2937 N. Talbot St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

Dr Rey
24 S. Broadway

26542 HEALTH DEPARTMENT—CITY OF BALTIMORE 26542

CERTIFICATE OF DEATH ✓50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Tyndale Ave St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine W. Dreisch

(a) Residence: No. 3214 Tyndale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Edwin J. Dreisch

6. DATE OF BIRTH (month, day, year) Feb. 6 - 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	5 6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert A. Schneider

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherine Franke

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Edwin J. Dreisch

(Address) 3214 Tyndale ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 17, 1936

19. UNDERTAKER Franklin W. Seitz

(Address) 814 West 36th St.

20. FILED Aug 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to Aug 13th 1936

I last saw her alive on Aug 12th, 1936. Death is said to have occurred on the date stated above, at 11.40p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	May 36
General debility	Jun 36
Other contributory causes of importance: amputation of left mammae for carcinoma	Sept. 34

Name of operation Amput. of left mammae Date of Sept 34

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Rey M. D.

(Address) 24 S Broadway

AUG 11 1936

M. D. B 1268-9

F 26543 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26543

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 173

CITY OF BALTIMORE: (No. Provident Hosp 14E-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Rice — If U. S. Veteran specify WAR .....

(a) Residence: No. 1349 Fremont Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 27-1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer at do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Rice

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Coleman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Rice

(Address) 1349 Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date Aug 17, 1936

19. UNDERTAKER P. J. Richardson & Co

(Address) 1120 Druid Hill Ave

20. FILED Aug 17, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest Autopsy, find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Aug 10 1936

Other contributory causes of importance: Gun shot wound of abdomen

Was an operation performed? Yes Date of Aug 11-1936

For what disease or injury? Gun shot wound of abdomen

Name of operating physician Dr Reuter Date of 11-36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Aug 10, 1936

Where did injury occur? Pulaski & Brunt Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gun shot (22 caliber) wound

Nature of injury Abdomen causing peritonitis

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Allen M. D.
Coroner

(Address) 50 Courthouse

Use BLACK INK. WRITE PLAINLY. Fill in ALL BLANKS. If unknown, state so. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1276

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rosemont Apts St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma E Hesser

If U. S. Veteran specify WAR ...

(a) Residence: No. Rosemont Apts St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 0068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub Md Schools

10. Date deceased last worked at this occupation (month and year) 6-36 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christian Hesser

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Ellen Myers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Virginia Hesser

(Address) 1212 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 8-17-36

19. UNDERTAKER Wm Cook Paul

(Address) 1211 Eutaw Pl

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1920 to Aug 14, 1936

I last saw her alive on August 14, 1936 Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diagnosis deferred Cardiac Dilatation	Aug 10 1936
Other contributory causes of importance: Chronic Chole-cystitis	1928

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Walton P Ober M. D.

(Address) 45-31 Reisterstown Rd

AUG 17 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

M. D. F. 1268-9

F 26543 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26545

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. .....

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alta Gample

(a) Residence: No. Levindale St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edwin Gample

6. DATE OF BIRTH (month, day, year): Unk

7. AGE: Years: 80 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0034

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Nathan Russia

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Luna

16. BIRTHPLACE (City or town) (State or country):

17. INFORMANT: SIGMUND FEINBLATT SUPERINTENDENT GREENSPRING & BELVEDERE AVES. (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Wellmont Cmetery Date 8-17-36

19. UNDERTAKER: Jacob Levin Inc (Address) 1429 Druid St

20. FILED AUG 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1931, to 8-17, 1936

I last saw her alive on 8-16, 1936. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	
Chr. cardio vascular disease.	

Other contributory causes of importance:

Chr. Bronchitis
Chr. Arthritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin, M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

26546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 26546

CERTIFICATE OF DEATH

57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2359 Eutaw Pl. St., 13-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elinore Joffe

(a) Residence: No. 2359 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar 13 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0 0

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Abe

14. BIRTHPLACE (city or town) (State or country) Hagerstown

MOTHER

15. MAIDEN NAME Annie Silberstein

16. BIRTHPLACE (city or town) (State or country) Boston

17. INFORMANT (Address) Father

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cemetery

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16/36 19

22. I HEREBY CERTIFY, That I attended deceased from January, 1929, to Aug 16, 1936

I last saw h ✓ alive on Aug 5, 1936. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Encephalitis with Athetosis (Post-infectious)	7 yrs ago

Other contributory causes of importance:

Acute Cardiac dilatation, myasthenia (Weak

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. Abrams M. D.

(Address) 2360 Eutaw place

AUG 17 1936

IMPORTANT: Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26547

F 26547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 Loyola Southway or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Blumson

(a) Residence: No. 2630 Loyola Southway (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Solomon Sachs

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gettel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 8/17/36

19. UNDERTAKER Levy Bros

(Address) 1429 E. Baltimore St.

20. FILED 8/17/1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Aug 15, 1936

I last saw her alive on Aug 15, 1936 Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac dilatation	7/14/36
Other contributory causes of importance: Chronic Valvular heart disease Hypertension & Uremia	1/1/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. C. Feldman, M. D.

(Address) 1420 E Baltimore St

Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DG 7-1936

M. D. B 1268-9 F 26548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26548

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward) 26-12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Armstrong.(c) If U. S. Veteran specify WAR

(a) Residence: No. Sparrows Point, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of Roseanna Armstrong

6. DATE OF BIRTH (month, day, year) May 10, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamestown N.C.

FATHER

13. NAME Isaac Armstrong.(c)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Lillian Lester(c)

16. BIRTHPLACE (city or town) (State or country) South Carolina.

17. INFORMANT George Armstrong(c) brother (Address) - Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Jamestown S.C. Date Aug 18 1936

19. UNDERTAKER Mrs R A. Eccles Daughter (Address) 112 S Caroline

20. FILED Aug 19 1936 Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Injuries	
Probable Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/15/36, 19...

Where did injury occur? Sparrows Point Rd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public road

Manner of injury Struck & knocked down by

Nature of injury Automobile on Sparrows Pt Road

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt, M. D.
Coroner

8/17/36 (Address) 1017 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 7 1936

F 26549 F 26549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Wilcox St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Sterling

If U. S. Veteran specify WAR .....

(a) Residence: No. 1022 Wilcox St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Maggie Sterling

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Approx 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Amelia Cassell

(Address) 1022 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 17, 1936

19. UNDERTAKER Robert H Kirkham

(Address) 15-15 Reliance St

20. FILED AUG 17 1936 E. E. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Aug 14, 1936

I last saw him alive on Aug 14, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Aug 7, 1936
Other contributory causes of importance: Diabetes Mellitus	Couple years
Arteria-Sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical & Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1422 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 26550

F 26550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Gray

If U. S. Veteran specify WAR

(a) Residence: No. 1038 Chapel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Robert Gray

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Etta Gregory

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Gray

(Address) 1038 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 17 1936

19. UNDERTAKER Robert Williams

(Address) 1513 McElderry St

20. FILED 19 Registrar.

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1919 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26551

146-F

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward) 16-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Schoenbals

(a) Residence: No. 3317 Ramona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Schoenbals

6. DATE OF BIRTH (month, day, year) Nov. 25-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis R. Hunt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma J. Smith

16. BIRTHPLACE (city or town) (State or country) J. Balto. Md.

17. INFORMANT Gertrude McIver

(Address) 3317 Ramona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Aug. 18. 1936

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

AUG 17 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 13. 1936 to August 14. 1936

I last saw h[illegible] alive on August 14. 1936 Death is said to have occurred on the date stated above, at 6 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Head of Pancreas	?
Other contributory causes of importance: Obstructive Jaundice	2½ mo

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. R. Dufour M. D.

(Address) St. Josephs Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 26552 ✓ F 26552

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

REGISTERED NO. 70-4

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 Hollins ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry C Lamnsich

(a) RESIDENCE NO. 2128 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Lamnsich

6 DATE OF BIRTH (month, day and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 1913

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John A Lamnsich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa A Allrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary C Lamnsich

(Address) 2128 Hollins St

15 Filed AUG 17 19 36 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14 1936

17 I HEREBY CERTIFY, That I attended deceased from January 15, 1936, to August 14, 1936, that I last saw h.m alive on August 14, 1936 and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis and arterio-sclerosis

(duration) One month

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) - yrs. - mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry C Ohle M. D.

8-14, 1936 (Address) 202 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	8-18-1936
20 UNDERTAKER	ADDRESS
Brooks & Son	Oakham Hollins St

IF DEATH IS IN PAIR TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26553

CERTIFICATE OF DEATH

F 26553

8-7 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 E Chase st St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Minnie Blades

(a) Residence: No. 1902 E Chase st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred Blades

6. DATE OF BIRTH (month, day, year) Dec 26 th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Weber

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Alfred Blades

(Address) 1902 E Chase st

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Aug 19 . 1936

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED . 19 .....
Registrar.

UG 17 1936

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 . 1936 to August 15, 1936

I last saw her alive on Aug 15 '36 Death is said to have occurred on the date stated above, at 7½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	8-10-36
Other contributory causes of importance: Myocardial insufficiency	8-15-36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical signs & death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... . 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. B. Bromberg, M. D.

(Address) 3037 Edmondson Av.

HEALTH DEPARTMENT—CITY OF BALTIMORE

26554

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Gough St. 2-1 Ward)

Registered No. 26554

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Ditzel

If U. S. Veteran specify WAR

(a) Residence: No. 1919 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1- 1862.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk Mill Worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 53 yrs at this

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Ditzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Groth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Wedemeyer

(Address) 1919 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug 19. 1936

19. UNDERTAKER John Selbrich

(Address) 2008 Eutaw

20. FILED . 19 E. Lester Williams, M.D.

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1936, to Aug. 16, 1936.

I last saw him alive on Aug. 16, 1936. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach. — Date of onset 5-1-36

Other contributory causes of importance:

Metastasis to liver.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dudley P. Bowe, M. D.

(Address) 2 W. Read St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

26555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 26555

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 N. 40th St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Moore

If U. S. Veteran — specify WAR

(a) Residence: No. 1217 N. 40th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Hattie E. Moore

6. DATE OF BIRTH (month, day, year): May 16- 1876

7. AGE: Years 60 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Passenger Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pa. R.R. 693

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Edmund B. Moore

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Annie E. Hallman

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mrs. Hattie E. Moore
(Address) 1217 N. 40th St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Aug. 18- 1936

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

AUG 17 1936 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 15- 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936, to Aug 15 1936

I last saw him alive on Aug 15 1936 Death is said to have occurred on the date stated above, at 7.35 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal disease — Date of onset

Other contributory causes of importance:

uremia

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lyman Abbott, M. D.

(Address) 3939 Greenmount

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26556

CERTIFICATE OF DEATH

82-B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Good Shepard Hospital 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mittie Harper

(a) Residence: No. 1739 Druid Hill Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Harper

6. DATE OF BIRTH (month, day, year) Unk

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mathews, Va.

FATHER

13. NAME John Harper

14. BIRTHPLACE (city or town) (State or country) Mathews Va.

MOTHER

15. MAIDEN NAME Mary Corbin

16. BIRTHPLACE (city or town) (State or country) Mathews Va.

17. INFORMANT Bertha Black.
(Address) 1739 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus cem Date Aug 17 1936

19. UNDERTAKER George E. Kelson
(Address) 1223 Pennsylvania Ave

FILED AUG 17 1936, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28- 1936, to 8-14 1936

I last saw her alive on 8-14 1936 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	8-10-36

Other contributory causes of importance:

Hypertension
Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fred C. Harmon M. D.
(Address) 2340 Madison Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26557 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26557.

CERTIFICATE OF DEATH

8 7-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2618 Robb St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Miller

(a) Residence: No. 2618 Robb St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Miller

6. DATE OF BIRTH (month, day, year) March 26 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Kloppman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT John G. Miller

(Address) 2618 Robb St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Aug 19 1936

19. UNDERTAKER George W. Gibbs

(Address) 172 E. Eager St

19. FILED AUG 17 1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 5 1936 to August 16 1936

I last saw h.. alive on August 16 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Cerebral hemorrhage	8-15-36

Other contributory causes of importance:

Phlebitis - right leg	1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) J. Owen Moores, M. D.

(Address) 3105 Belair Road

OCCUPATION is very important. See instructions on back of certificate.

F 26558

316521

F 26558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 154

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 1-5 Ward)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Beckman

(a) Residence: No. 5914 Fourthst nw St., Ward. Washington dc
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-9-30

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	3	8 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (yenrs) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D C

FATHER

13. NAME Harry Beckman

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Lillian Kaplan

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, DC. Date Aug. 17, 1936

19. UNDERTAKER B. Manganaro & Sons, Now.
(Address) 3501-14 St, NW.

20. FILED 8-7-1936 Washington, D.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936 to Aug 17, 1936

I last saw him alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, skull, streptococcal	July 15
Sub dural abscess "	
Meningitis "	

Other contributory causes of importance:

Was an operation performed? yes Date of Aug 2

For what disease or injury? osteomyelitis, skull

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Isaac Hoorang M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26559

F 26559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfred H. Burnham

(a) Residence: No. 3300 Windsor Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Loomer Burnham

6. DATE OF BIRTH (month, day, year) Sept. 12, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 4	63	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Cotton Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Norwich Conn.

FATHER

13. NAME Henry Harrison

14. BIRTHPLACE (city or town) (State or country) R. I.

MOTHER

15. MAIDEN NAME Sophie Bennett

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr. Alfred H. Burnham Jr.

(Address) 14 N. Wyandotte Rd. Columbus Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Aug 18 1936

19. UNDERTAKER Henry Sands & Son Inc. Leo F. Sands.

(Address) Baltimore St. & Broadway

Huntington Williams Registrar.

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget Disease	6/24/36
Bronchopneumonia	8/14/36
Fx. Femur & Tibia (Left)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/2 1936

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell down steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) Orin B. Wallace M. D. Coroner

(Address) 103 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26560 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26560

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St Agnes' Hospital 65-1 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Catton St. 65-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Ellen Bowen If U. S. Veteran specify WAR

(a) Residence: No. 8 Howard ave. St., Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Baltimore Maryland

FATHER

13. NAME Wesley G. Bowen

14. BIRTHPLACE (city or town) (State or country) Towson Maryland

MOTHER

15. MAIDEN NAME Mollie G. Platt

16. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

17. INFORMANT Wesley G. Bowen

(Address) 8 Howard Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Aug 18 1936

19. UNDERTAKER Easton Sons

(Address) Edmondson Ave

Easton Williams, Inc.

20. FILED AUG 17 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Aug 16 1936

I last saw h.. alive on Aug 16 1936 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Convulsions, Cause undetermined	8-10-36
(2) Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meeh M. D.

(Address) St. Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

5:30 - F 26561

F 26561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Race St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 60 yrs. ..... mos. ..... ds.

2. FULL NAME Christopher Bachmann

(a) Residence: No. 1413 Race St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Bachmann

6. DATE OF BIRTH (month, day, year) Oct 12 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bachmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Zimbel
(Address) 2655 Wilkens ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Aug 16 1936

19. UNDERTAKER G. Howard Evans
(Address) 1200 Edmondson Ave

20. FILED Aug 17 1936 Huntington Nightingale, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936 to Aug. 16 1936

that I saw HIM alive on Aug. 15 1936 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Mitral Regurgitation	Indef.
Exhaustion	8/12/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

8/17/36 (Signed) H. C. Carmichael M. D.
(Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

F 26562

M. D. P. 1268-9

26562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Annabel Ave Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John. S. Watson

(a) Residence: No. 3003 Arunch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jeanette Watson

6. DATE OF BIRTH (month, day, year): Oct 29, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Worcester Co. Md

FATHER

13. NAME: Jesse Watson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Irving S Watson

(Address): 964 Whitmore

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Aug 19, 1936

19. UNDERTAKER: A. Howard Evans

(Address): 1402 E Charles St

20. FILED: Aug 17 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to Aug 16, 1936

I last saw him alive on Aug 16, 1936. Death is said to have occurred on the date stated above, at 6 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arterio Sclerosis	5/6/36

Other contributory causes of importance:

Chronic Nephritis	1934

Name of operation: None Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26563

F 26563

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Matt Watkins

(a) Residence: No. 144 W. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bootblack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Watkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Estella Brown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Richard Watkins 1530 Fusen.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Aug 19 1936

19. UNDERTAKER (Address) J. Cochran Hubbard 1733 Druid Hill Ave

Filed Aug 17 1936 Registered No. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1936 to 8-15 1936

I last saw him alive on 8-18 1936 Death is said to have occurred on the date stated above, at 10⁰⁰ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3 mo. ago
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 630 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

G 1 / 1936

F 26564

F 26564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto General 345-10 St., (Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. * mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Hull

(a) Residence: No. 4004 Ridgewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Hull

6. DATE OF BIRTH (month, day, year) Nov. 9. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9.	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME William Hull
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Reprode
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary E. Hull
(Address) 4004 Ridgewood

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/20, 1936

19. UNDERTAKER W. J. Tickner & Sons
(Address) N. P.

20. FILED AUG 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16, 19 36

22. I HEREBY CERTIFY That I attended deceased from 8/14, 1936 to 8/16, 1936, 19
I last saw him alive on 8/16, 1936, 19. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Generalized Peritonitis	8/14/36

Other contributory causes of importance:
Toxemia
Arteriosclerosis
Cardiovascular renal disease

Name of operation Drainage of peritoneal cavity Date of 8/14/36
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. [illegible] M. D.
(Address) 1410 N. Eutaw St.

F 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26565

26565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N. Fulton Ave) (Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. If not, how long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Laura Yates.

(a) Residence: No. 1003 N. Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank N. Yates

6. DATE OF BIRTH (month, day, year): Nov. 20, 1872

7. AGE: Years 63 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Doubs. Md.

FATHER

13. NAME: James Hood.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Lamina Anderson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mr. Hood Yates. 2918 Poplar Terrace

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date Aug 18 36

19. UNDERTAKER (Address): Wm. Pickup Sons North & Graves Huntington Pl. Baltimore, Md.

20. FILED AUG 17 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 to Aug 16 1936

I last saw her alive on Aug 15 1936 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance: Acute Nephritis.

Was an operation performed? No. Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 26566

F 26566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2306 Lyndhurst Ave

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. D mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Flora Virginia Neel

If U. S. Veteran specify WAR

(a) Residence: No. 2306 Lyndhurst Ave Et., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jarrold Wilbur Neel Sr

6. DATE OF BIRTH (month, day, year) Oct. 18, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housework~~ Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Romney W Va

FATHER

13. NAME John W Marshall

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Flora A Shawn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Marshall Neel (Son)

(Address) 2306 Lyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Romney W Va Date Aug 8. 36

19. UNDERTAKER C M Dickey & Sons

(Address) Funeral Parlors.

20. [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23 1936 to Aug 15 1936

I last saw h[illegible] alive on Aug. 15 1936 Death is said to have occurred on the date stated above, at 8 55 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 8/1 (P)

Arteriosclerotic Cardio-Vascular disease, Myocarditis

Other contributory causes of importance:

Acute heart failure (Angina) 3 hrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Luther E. Little M. D.

(Address) 928 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

G 1936 3

17 1936

H

16320

F 26567

26567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? 22 yrs. mos. ds.

2. FULL NAME Mary Miszczuk

(a) Residence: No. 615 S. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ? Joseph Laszczynski

14. BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Aug 18 1936

19. UNDERTAKER Mrs. Mary Weber

(Address) 401 N. Chester St

20. [illegible] Wilmarth, M.D.

(Registrar)

AUG 17 1936

RR

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-11 1936 to 8-14 1936

I last saw her alive on 8-14 1936. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-14-36
Cerebral Hemorrhage (Old)	1934
Other contributory causes of importance:	
Acute enteritis (Non-specific)	8-13-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospital

F 26568

B 7282
B 3568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-5 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chester Getula

(a) Residence: No. 312 S. Collington St., Case Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/23/18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter Getula

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Eva. Fehy

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem aug 19 1936

19. UNDERTAKER Mrs Mary Weber
(Address) 401 S. Chester St

20. FILED AUG 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1936 to Aug 13 - 1936
I last saw him alive on Aug 13 - 1936. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar pneumonia	Aug 9, '36
2	
3	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Palmer Howard M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

26569

HEALTH DEPARTMENT—CITY OF BALTIMORE

26569

CERTIFICATE OF DEATH

15335

Registered No. 349-948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1920 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Belle Bennett

(a) Residence: No. 1124 McColluh St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Louis Bennett (D)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Molly Robinson (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL Date Aug 20 1936

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

AUG 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1936 to 8-16, 1936

I last saw h.r alive on 8-16 1936 Death is said to have occurred on the date stated above, at 3.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8-16-36
Malnutrition	Unk

Other contributory causes of importance:

Anemia, Secondary	Unk
Recto-Vaginal Fistula	Unk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rigney M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

26570

F 26570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 W. Hamburg St. St. 21-2 Ward)

Length of residence in city or town where death occurred UNKNOWN yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lenna C. Betkey

(a) Residence: No. 1127 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles H. Betkey

6. DATE OF BIRTH (month, day, year) July 3, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Charles Rictor

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles H. Betkey
(Address) 1127 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Date Aug 18 '36

19. UNDERTAKER Kaufman & Armacost Inc
(Address) 1011 N. Gay Street

[illegible] Registrar.

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Aug. 15, 1936.
I last saw her alive on Aug. 15, 1936 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Cirrhosis of Liver	1935
	over
Other contributory causes of Importance:	
Ascites	1936

Name of operation None Date of

What test confirmed diagnosis? Clinically there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N. B. Cole M. D.

(Address) 6014 York Road

OCCUPATION is very important. See instructions on back of certificate.

F 26571

F 26571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Wichita Ave Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Levin

If U. S. Veteran specify WAR

(a) Residence: No. 2393 Wichita Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benj.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 8/17/36

19. UNDERTAKER Jack Levy Co

(Address) 1145 E Baltimore St

G 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16/36 19

22. I HEREBY CERTIFY, That I attended deceased from 8/6/36, 19, to 8/16, 19 36

I last saw h alive on 8/15/36 9PM Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary thrombosis	8/4/36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diag Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton B Kursh M. D.

(Address) 2904 Reisterstown Rd

OCCUPATION is very important. See instructions on back of certificate.

F 26572

F 26572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Guy L. Bray

(a) Residence: No. 922½ Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate E. Bray

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist (no)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Thomas Tostits

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Kate Rockefeller

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT S. [illegible]
(Address) 922 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 8/19/36 19

19. UNDERTAKER Harry A. Britzke
(Address) 4101 Edmondson Ave
Huntington Williams [illegible]
Reg. No.

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-9-36, 19, to 8-16-36, 19

I last saw him alive on 8-16-36, 19 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Adeno Carcinoma of Stomach

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? Yes Date of Aug. 10, 1936

For what disease or injury? Tumor of St. Duodenum

Name of operation Gastrectomy Date of 8-10-36

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26573

26573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5637 Anthony Ave 2 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes M. Butt

(a) Residence: No. 5637 Anthony Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Butt

6. DATE OF BIRTH (month, day, year) Feb 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Winkler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John L. Butt (Address) 5637 Anthony Ave

18. BURIAL, CREMATION, OR REMOVAL Joseph Gulbert Date Aug 18 1936

19. UNDERTAKER Leonard J. Keogh (Address) 5305 Harford Rd

Clayton Williams Asst. Registrar.

AUG 17 1936

RCH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14/36

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8th, 1936, to Aug 14th, 1936.

I last saw her alive on Aug 14th, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Myocarditis
Coronary Thrombosis — Date of onset 8/8/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Frank D. Virgilio M. D.

(Address) 1801 E. 29th St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 26574

26574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 159

1. PLACE OF DEATH West Balto. General Hospital

CITY OF BALTIMORE: (No.) Dutch and Eager St., (or Ward) 16-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Wochele

(a) Residence: No. 119 Rasp Ave St., Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, year) Aug 16 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Morton S. Wochele

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Helen Lochar

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Morton S. Wochele

(Address) 119 Rasp Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 19 1936

19. UNDERTAKER G. Kane Evans

(Address) 140 Schroeder St

20. Huntington Williams

8 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/15/36, 19..... to 8/17/36, 19.....

I last saw him alive on 8/17/36, 19..... Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E.S. Alesse, M. D.

(Address) W. Balto Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 5-3

M. D. B 1268-9

F 26575

26575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. Port St. St. 6-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret Ann Fales. If U. S. Veteran specify WAR.....

(a) Residence: No. 20 N. Port St. St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 30 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	11	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George W. Fales.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Hettenish

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Catherine Fales.

(Address) 20 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 18. 1936

19. UNDERTAKER John C. Miller

(Address) 2433-35 E. Monument St.

Harrington Williams, Inspector.

AUG 17 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) August 17. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis - Colitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address) 1918 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26576

F 26576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Wilkens Ave. W. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Clara Agnew

(a) Residence: No. 2108 Wilkens Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Agnew

6. DATE OF BIRTH (month, day, year) April 15th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dallas Brushwiller

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Sarah Tatem

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John M. Agnew
(Address) 2108 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 19th 1936

19. UNDERTAKER Wm Cook
(Address) 417 E. Pratt St

Huntington Williams M.D.

20. FILED AUG 18 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to Aug 16 1936

I last saw her alive on Aug 16 1936 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs
	2 yrs

Other contributory causes of importance:

acute cardiac dilatation	1 day
	2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2080 Wilkens ave

OCCUPATION is very important. See instructions on back of certificate.

F 26577

F 26577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 310 West Lemale St. S-W Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ester A Folker
If U. S. Veteran specify W.W.I. No Record

(a) Residence: No. 1817 N. Milton St., ... Ward. 40
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: (or) WIFE of Henry J Folker
6. DATE OF BIRTH (month, day, year): Jan-20-1868
7. AGE: Years 68; Months 6; Days 26; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: Michael Hoffman
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Susan Ahler
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Henry J Folker 1817 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Aug 19 36

19. UNDERTAKER (Address): Herman Cook 1217 St Paul

FILED AUG 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 36, 19..., to Aug. 16 36, 19...
I last saw deceased alive on Aug 16 36, 19... Death is said to have occurred on the date stated above, at 6.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	1934
Carcinoma Lungs -	1935
Other contributory causes of importance: Myocarditis Chronic	1935

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar C. Sandrock M. D.
(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

F 26578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26578

CERTIFICATE OF DEATH

+ 131

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ~~Keloe Home Town~~ St., ~~Ward~~)

Registered No. 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Maud Pruitt

(a) Residence: No. Keloe Home. Towson St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Oct 25, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
14	13	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Mrs Addy Eaton

14. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

15. NAME Theodore Pruitt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Addie Pruitt 1115 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug 18th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1936, to 8-16, 1936

I last saw her alive on 8-16, 1936. Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset

Other contributory causes of importance:

uremia

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26579

F 26579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 628 E. 31st St. 9th Ward)
Length of residence in city or town where death occurred 1/2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Laura Virginia Hubbard.
(a) Residence: No. 628 East 31st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES E. Hubbard

6. DATE OF BIRTH (month, day, year) March 20 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73.	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HouseWife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER
13. NAME William H. Hahn.—
14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER
15. MAIDEN NAME Susan (?)
16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Clifton L. Hubbard.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Aug 19th 1936

19. UNDERTAKER W. S. Condon
(Address) 1217 St Paul St

FILED AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1936

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1936. to August 17, 1936
I last saw her alive on August 16, 1936. Death is said to have occurred on the date stated above, at 5.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease.	10 yrs
Bulbar Palsy- Hemorrhage.	8 Days
Other contributory causes of importance: Cerebral Hemorrhage.—	10 mos. 8 days

Was an operation performed? No Date of —
For what disease or injury? None.
Name of operation None. Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 ....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James E. White M. D.
(Address) 5102 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 26530 F 26530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 E. Lorraine Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Joseph E. Powers

(a) Residence: No. 431 E. Lorraine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, divorced~~ HUSBAND of ~~(or WIFE of)~~ Charlotte F. Powers

6. DATE OF BIRTH (month, day, year) Mar 29th 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5 4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Splicer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas + Electric Co

10. Date deceased last worked at this occupation (month, day, year) 8/6/36

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph E. Powers Sr

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charlotte F. Powers wife

(Address) 431 E. Lorraine

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 19th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/5 1936 to 8/17 1936

I last saw h alive on 8/15 1936 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Weiss M. D.

(Address) 1716 N Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

S 3

F 26581

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26581

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 N Patterson St. 8-7 Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Schramm

(a) Residence: No. 1519 N Patterson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Schramm Sr.

6. DATE OF BIRTH (month, day, year) Oct 2. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Anthony Escher

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Anthony

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Gretta Schramm

(Address) 1922 N Patterson Pk

18. BURIAL, CREMATION, OR REMOVAL

Place Greenhill Date Aug 18 1936

19. UNDERTAKER William Lorch

(Address) 1211 E Fort Ave

AUG 18 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936 to Aug. 15 1936

I last saw her alive on Aug. 15 1936 Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Arthritis	
Myocarditis.	
	over 1

Other contributory causes of importance:

Acute Cardiac Dilatation.

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Sigl. Fittyan M. D.

(Address) 1307 E. Chase

Spec—12-23-21—E.B.R.S.—400 Bks.

F 26582 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26582

CERTIFICATE OF DEATH. 131

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3507 Edmondson St. 70-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Lee Hannon

(a) Residence No. 3507 Edmondson Ave St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

No War Record

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. E. Hannon

6-DATE OF BIRTH (month, day and year) Feb 14-1858

7-AGE. 78 yrs. 6 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... At Home

(b) General nature of industry, business, or establishment in which employed (or employer)... Self

(c) Name of employer...

9-BIRTHPLACE (city or town)... Boston Mass

(State or Country).

PARENTS.

10-NAME OF FATHER, Neal McCool

11-BIRTHPLACE OF FATHER (city or town)... Ireland

(State or Country).

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)... Ireland

(State or Country).

14- (Informant)... Emma Hannon

(Address)... 3507 Edmondson Ave

15- Filed AUG 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 14 1936

17- I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936 to Aug 14, 1936

that I last saw her alive on Aug 14, 1936

and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of...

Was there an autopsy? No

What test confirmed diagnosis?... Urinalysis & Blood Exam

(Signed) L. A. Tally, M. D.

, 19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loud

DATE OF BURIAL, 8/18, 1936

20-UNDERTAKER. Cathedral Cem

ADDRESS 1314 E Cold

F 26583

26583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Preston St., 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Jones

(a) Residence: No. 528 Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Jones

6. DATE OF BIRTH (month, day, year) Sept 1 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 0057

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Charles Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Betsy Quinlan

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Jesse Jones

(Address) Henderson

18. BURIAL, CREMATION, OR REMOVAL

Place Henderson N. Cem. Date Aug 18 1936

19. UNDERTAKER J. C. Pinchbeck

(Address) 1225 Druid Hill Ave.

20. FILED 1936 By Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to Aug 15 1936

I last saw h.. alive on Aug 6 1936 Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3-1-36
Chronic Nephritis	3-1-36
Contributory Edema	3-1-36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

26584

F 26584

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. [illegible] St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel M. Helfer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2828 Lakelawn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of George J. Helfer

6. DATE OF BIRTH (month, day, year) Nov 27 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 20 Y

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benjamin Lovelace

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Tracy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Geo. J. Helfer

(Address) 2828 Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug. 20 1936

19. UNDERTAKER Filbert Herring Sons

(Address) 2216 Orleans St

20. FILED [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1936 to 8-16 1936

I last saw her alive on 8-10 1936 Death is said to have occurred on the date stated above, at 11.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	
Other contributory causes of importance: Pulmonary edema	4 hrs

Was an operation performed? Yes Date of 8-5-36

For what disease or injury? Mass in abdomen

Name of operation Laparotomy Date of 8-5-36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry J. Haas M. D.

(Address) Mercy Hospital

M. D. B 1268-9

F 26585

F 26585 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓75

1. PLACE OF DEATH — Pronounced dead at the 23rd

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME — Edna Miles.(c)

(a) Residence: No. 925 Peach Alley. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, ~~widowed or divorced~~ (or) WIFE of — William Miles.(c)

6. DATE OF BIRTH (month, day, year) — Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	-----	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — South Carolina.

FATHER

13. NAME — Oscar Richardson(c)

14. BIRTHPLACE (city or town) (State or country) — South Carolina.

MOTHER

15. MAIDEN NAME — Do not know.

16. BIRTHPLACE (city or town) (State or country) — Do not know.

17. INFORMANT — Ruth Harris.(c) niece.

(Address) 434 Johnson St. Reding. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Cem Date Aug 17. 1936

19. UNDERTAKER — Walter B Suggs

(Address) 134 Hamburg St

FILED ... 19 ... Registrar

AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — August 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

8/17/36 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1368-9

26586

F 26586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secour Hospital St., 18-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 32 S. Carrollton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Lee

6. DATE OF BIRTH (month, day, year) Oct 27-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor for C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Lee

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Fannie Conway

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary A. Lee

(Address) 32 S. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8-18 19 36

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lanvale St

20. FILED 19 Attorney Williams, M.D.

AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to h death on the day stated above. 3.30 P.M.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 26587

F 26587 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Kolb Ave. St. 36-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Devine

(a) Residence: No. 4207 Kolb Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Devine

6. DATE OF BIRTH (month, day, year) May 21st 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Schilling

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schuler

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Miss Margaret A. Aberbeck
(Address) 4207 Kolb Ave.

18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Date Aug. 17 36

19. UNDERTAKER Frederick Boarman Sons
(Address) 701 Belair Road

20. FILED 19 Registrar.

AUG 18 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to Aug 17th 1936

I last saw her alive on Aug 17th 1936 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	2 yrs
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Albert G Webster M. D.

(Address) 4204 Elsinore Rd

M. D. H. 1268-9

F 26588

F 26588 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 161-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Gerlach

(a) Residence: No. Kenwood Ave. Kingsley St. Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 16th 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME William H. Gerlach Jr.

14. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

MOTHER

15. MAIDEN NAME Ruth E. Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William H. Gerlach Jr.

(Address) Kingsley Md.

18. BURIAL, CREMATION, OR REMOVAL.

Place Parkwood Cemetery Date Aug 18 1936

19. UNDERTAKER Frederick Freedom Hoge

(Address) 744 Edmondson Ave

Lexington Williams M.D.

Registrar.

AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Elmer B. Wallace M. D.
Coroner

(Address) 1031 St Paul St

F 26589

F 26589 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-W

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 Dolphin St. St., 17-W Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Grinnelly

(a) Residence: No. 552 Dolphin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alexander Grinnell

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Marie Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Grinnelly
(Address) 552 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem Date 8/19 1936

19. UNDERTAKER Mrs Frances A Semsky
(Address) 578 W. Biddle St.

AUG 18 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1936 to Aug 14 1936

I last saw her alive on Aug 14 1936 Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral)	Aug 13-36

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Douglas Shepperd M. D.

(Address) 1043 Myrtle Ave

M. D. B. 1283

F 26590

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26590

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 9-9 Ward)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred Abraham Windesheim. If U. S. Veteran specify WAR .....

(a) Residence: No. 1432 Aisquith St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Lillian Windesheim.

6. DATE OF BIRTH (month, day, year) November 16, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6071

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Windesheim.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Julia ---------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Lillian Windesheim. (wife)
(Address) 2519 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 8/19/36 19

19. UNDERTAKER George J. Kelly Inc.
(Address) 1365 Pennsylvania Ave.

20. FILED AUG 18 1936 Lington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

8/17/36 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

V 56

F 26591 Connor 26591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-4 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514-N.Collington Ave. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Patrick Connor.

(a) Residence: No. 1514-N.Collington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) April 4, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Connor.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Connor

(Address) 1514-N.Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/19/36, 19

19. UNDERTAKER George D. Wentz & Son

(Address) 735 Park Ave. Baltimore, Md.

20. FILED AUG 19 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 —, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932 to Aug 16 —, 1936

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1932
Hypertension	1932
Myocarditis	1932
Uremia Aug 12 —	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abram J. Kellam M. D.

(Address) 3501 Falls Ave

F 26592

26592 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 N. Stricker St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1015 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Williams

6. DATE OF BIRTH (month, day, year) Mar 8 72

7. AGE Years 64 Months 5 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) West River Md

MOTHER

15. MAIDEN NAME Catherine Sullivan

16. BIRTHPLACE (city or town) (State or country) Md Ed Neck

17. INFORMANT Annie Fitz

(Address) 1015 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/20 1936

19. UNDERTAKER Samuel W. Grace & Son

(Address) 638 N. Fremont

FILED AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4th 1936 to Aug 16 1936

I last saw him alive on Aug 15 1936 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 3 months

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B 1268-9

F 26593

26593 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

72-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay City Hospital St., 19-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Helena Gray

(a) Residence: No. 1425 N. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Sept 19 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME Charles Gray

14. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER

15. MAIDEN NAME Gladys Blackwell

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Mrs Gladys Gray (mother)
(Address) 1425 N. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/18/36

19. UNDERTAKER Chas. L. Gotter & Co
(Address) 214 N. Calhoun St

20. FILED AUG 18 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	
Acute Leukaemia	

Other contributory causes of importance:
enteritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Wright M. D.
Coroner

(Address) 1010 S. Wood Ave

F 26594

F 26594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 72-a

15484

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1925 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lymus Williams

(a) Residence: No. 116½ E. Lexington St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882 Aug 17

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	~~Aug 17th~~		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balt. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 18 1936

19. UNDERTAKER Elroy A Wilson

(Address) 1000 Brantley Ave

AUG 18 1936

Elton Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1936 to 8-17 1936

I last saw him alive on 8-17 1936 Death is said to have occurred on the date stated above, at 4.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aleukemic Leukemia	7-18-36
Anemia secondary	Unk
Malnutrition	Unk

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

F 26595

M. D. B. 1268-9
26595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 138 S. Dallas St. 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Annie Gilmore

(a) Residence: No. 138 S. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Gilmore

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Felix McIntosh

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bertha Campbell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen McIntosh
(Address) 611 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 18 1936

19. UNDERTAKER Robert W. Williams
(Address) 1515 Pitcher St

... 19 ... Registered No.

AUG 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chr.)	
Endocarditis	
Remote Dilitation	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Chas B. Wallace M. D.
Coroner
(Address) 1231 St Paul St

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

F 26596

F 26596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 N Eden ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert C. Wells

(a) RESIDENCE NO. 1028 N Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mary C Wells

6 DATE OF BIRTH (month, day, and year) Mar 11-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co Md

PARENTS

10 NAME OF FATHER Philmore Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co Md

12 MAIDEN NAME OF MOTHER Annie Hollenbeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co Md

14 Informant Mary C Wells

(Address) 1028 N Eden St

Filed AUG 18 1936

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1936

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Aug 16, 1936, that I last saw h... alive on Aug 16, 1936, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows: Heat Stroke

Stricken and died at Home

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Colvin M. D.

Aug 18, 1936 (Address) 1059 No Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cemetery Charles Co Md — DATE OF BURIAL Aug 19 1936

20 UNDERTAKER Robert H. Williams — ADDRESS 15 15 McElderry St

F 26597

26597 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Jaronzik

(a) Residence: No. 4823 Calvert Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 8/17/36

19. UNDERTAKER Jack Levy Inc
(Address) 1939 E. Baltimore

AUG 18 1936 Clinton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1936, to Aug 17, 1936

I last saw him alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at 10:55 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. Jeffrey, M. D.

(Address) Sinai Hospital.

26598

F 26598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH Volunteers of America Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 418 W. Lexington St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Samsoni — If U. S. Veteran specify WAR .....

(a) Residence: No. 2442 E. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Aug. 10 - 36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Anthony Samsoni

14. BIRTHPLACE (city or town) (State or country) Mt. Carmel Pa.

MOTHER

15. MAIDEN NAME Catherine Balonis

16. BIRTHPLACE (city or town) (State or country) Mazzion Pa.

17. INFORMANT Father
(Address) 2442 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 18, 1936

19. UNDERTAKER John A. Inman
(Address) 3000 E. Balto St

Huntington Williamsport Pa

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Aug. 17, 1936

I last saw him alive on Aug. 17, 1936. Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malformation of throat and lungs	

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. D. Conner M. D.

(Address) Vol. Hospital

26599

F 26599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 127

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emeleta Bangs

If U. S. Veteran specify WAR No Record

(a) Residence: No. St. Denis, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND~~ (or) WIFE of George W. Bangs

6. DATE OF BIRTH (month, day, year) Dec 21st 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward P. Shannon

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

MOTHER

15. MAIDEN NAME Annie Buckey

16. BIRTHPLACE (city or town) (State or country) Buckeystown Md

17. INFORMANT George W. Bangs

(Address) St Denis Md

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Mt~~ Olivet Date Aug 21 1936

19. UNDERTAKER Guilmain Cook

(Address) 1217 St Paul St

20. FILED Aug 21 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1936 to Aug. 17, 1936

I last saw her alive on Aug. 17, 1936 Death is said to have occurred on the date stated above, at 5 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Principal Cause of Death unknown.	
Immediate Cause of Death was Cardio Vascular Failure.	
Other contributory causes of importance: Empyema of Gall Bladder?	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Llewelyn M. D.

(Address) St. Agnes Hospital

M. D. B 1268-9

F 26600 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26600

CERTIFICATE OF DEATH X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Steiber. JOHN SIEBER If U. S. Veteran specify WAR

(a) Residence: No. Parkville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~Married~~ widowed, ~~or Divorced~~ HUSBAND of ~~or WIFE of~~ Lena I. Steiber.

6. DATE OF BIRTH (month, day, year) July 9, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Steiber.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mrs. John D. Clugston, daughter.
(Address) 5501 Carter Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 19, 1936

19. UNDERTAKER Leonard Hyatt
(Address) 6305 Harford Rd.

20. FILED 8/19/36 E. E. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Injuries	
Fracture of the Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/16/36 19

Where did injury occur? Harford Rd. Carney, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public Road

Manner of injury Struck & knocked down by Automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

8/17/36 (Signed) Otto M. Kemp Lazat M. D.
(Address) 1017 S. Charles St. City

M. D. B. 1268-9

F 26601

26601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Brocato

If U. S. Veteran specify WAR .....

(a) Residence: No. 1542 McElderry Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3 ~~4~~	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Brocato

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary R. Scharer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jacob Brocato

(Address) 1542 McElderry Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem 31 1936

19. UNDERTAKER Chas L. Powell

(Address) 113 N Eutaw St

20. OFFICER Huntington Williams M.D. Registrar

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-enteritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm B. Wallace M. D.

(Address) 1031 St Paul St

F 26602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26602

47-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hosp.

CITY OF BALTIMORE: (No. Baltimore Md. St., 14-1 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mary Louise Noha

(a) Residence: No. 1416 Park Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Mar. 25, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Valentine Noha

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Adeline T. Dunler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Loretta M. Noha

(Address) 1416 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 8/21 1936

19. UNDERTAKER Henry Uy Myers and Son

(Address) 502 N. Calvert St.

20. FILED AUG 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936 to Aug 18, 1936

I last saw her alive on Aug 18, 1936. Death is said to have occurred on the date stated above, at 5-00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchiogenic Carcinoma of the Lung	1934
Other contributory causes of importance: Pleurisy & effusion	6-36
Cachexia	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Simon A Kemp, M. D.

(Address) Bon Secours Hosp.

26603 E 26603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2910 Wyman Pky St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 98 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? 98 yrs. 0 mos. 7 ds.

2. FULL NAME Christiana Duke Berry

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2910 Wyman Pky St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug-10-1838

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
98	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thos. L. Berry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christiana D. Jackson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Gertrude C. N. Berry

(Address) 2908 Wyman Park

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug 19 1936

19. UNDERTAKER Stewart Morton Co.

(Address) 108-W-Mon Ave.

18 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1936 to Aug 17, 1936

I last saw her alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart & age	
Prostration	2 wks
	over
Other contributory causes of importance:	
arterio Sclerosis	
Hemiplegia	3 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) 7010 N. Charles

F 26604

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26604

CERTIFICATE OF DEATH X 51-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Thurmont, St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Kreitz

If U. S. Veteran specify WAR

(a) Residence: No. Thurmont, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Kreitz

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Date Aug 20 1936

19. UNDERTAKER Mt. St. Mary's College

(Address) Emmitsburg, Md.

FILED 19 (Registrar)

AUG 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to Aug. 18, 1936

I last saw him alive on Aug. 18, 1936 Death is said to have occurred on the date stated above, at 10 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell carcinoma of bladder	

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 7-1-36

For what disease or injury? Bleeding from Bladder

Name of operation Cystoscopy Date of 7-1-36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) St. Agnes Hospital

F 26605

26605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Eastern Ave St., 1st Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... As. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucille Elizabeth De Santis

(a) Residence: No. 2921 Eastern Ave St., 1st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 17 - 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co.

10. Date deceased last worked at this occupation (month and year) February 1936

11. Total time (years) spent in this occupation 5 mos.

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Nicholas De Santis

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Rose Rosolo

16. BIRTHPLACE (city or town) Petersburg
(State or country) Virginia

17. INFORMANT Mrs. M[illegible] De Santis
(Address) 2921 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 19 1936

19. UNDERTAKER Waddell & Murphy
(Address) 1406 Gough St.

[illegible] Aug 19 1936 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to Aug. 16, 1936

I last saw her alive on Aug. 15, 1936 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial endocarditis	
Cerebral Embolism (Rt. Hemiplegia)	
Positive Streptococcus Viridans	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Andrew Nemeroff, M. D.

(Address) 2027 Eastern ave.

V F 26606

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 26606

110

CERTIFICATE OF DEATH

Registered No. 14597

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vernon Jones

(a) Residence: No. 804 Leadenhall St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-16-23

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mollie Smith

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 8/19/36 19

19. UNDERTAKER Isaac C Brown & Son
(Address) 1030 W Monument St

AUG 19 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-9-, 1936 to 8-15, 1936

I last saw h~~im~~ alive on 8-15, 1936 Death is said to have occurred on the date stated above, at 1-15 P m.

The principal cause of death and related causes of importance were as follows:

Empyema right pleural cavity. — Date of onset Jan 1936

Other contributory causes of importance: Hiconitus — 6 mos.

Was an operation performed? yes Date of 6-20-36

For what disease or injury? Empyema

What test confirmed diagnosis? operation Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Abbott M. D.

(Address) Balt. City Hospitals

M. D. R. 1268-2

F 26607

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26607

CERTIFICATE OF DEATH

Registered No. Y30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 552 W. Lexington St., 22-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. G. Pitts

(a) Residence: No. 552 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. [illegible]. Married, Widowed, or Divorced (write the word)
M	Col	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Pitts

6. DATE OF BIRTH (month, day, year) Oct 22, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredericksburg (State or country) Va.

FATHER

13. NAME Lawrence Pitts

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Mary E. Pitts (Address) 552 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Fredericksburg Va. Date 8-19-1936

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED Aug 19 1936 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16. 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1936 to Aug 16 1936

I last saw him alive on Aug 15 1936 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/14/36

Other contributory causes of importance: acute nephritis [illegible]

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Graves M. D.

(Address) 552 W. Lexington St.

M. D. B 1268-B

F 26608

26608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Mc Culloh St. 11 - W. Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Duncan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1736 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ozella

6. DATE OF BIRTH (month, day, year) May 22 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Foundry

10. Date deceased last worked at this occupation (month and year) 8/14/36

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

FATHER

13. NAME Samuel Duncan

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

MOTHER

15. MAIDEN NAME Tenkinson

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

17. INFORMANT Ozella Duncan

(Address) 1736 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8-19 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 8-19 1936 Hampton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. about 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Injury 8/16 1936

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fell off back porch

Nature of injury fracture skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 216 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

26609

F 26609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Willie Nathaniel (Chatman) Shorter

If U. S. Veteran specify WAR .....

(a) Residence: No. 421 Pearl St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) March 8, 1936

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
—	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant died

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md. Maryland

FATHER

13. NAME John Shorter

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Chatman

16. BIRTHPLACE (city or town) (State or country) Balt Md.

17. INFORMANT Mrs. Emma Shorter

(Address) 421 Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 8/19/36 19

19. UNDERTAKER Wm H Jackson

(Address) 916 Pulaski

20. FILED Euphy Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a) Pneumonia,	
b) gastro enteritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

M. D. B. 1268-3

26610

F 26610

HEALTH DEPARTMENT—CITY OF BALTIMORE

191

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Thomas

(a) Residence: No. 517 W Lafayette Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Fla

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Stephen Rowells
(Address) 517 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date ... 20 1936

19. UNDERTAKER J. H. Shafer
(Address) 1131 Druid Hill ave

20. FILED ... Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	Aug 17
	1936
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner M. D.

(Address) 507 Lexington

OCCUPATION is very important. See instructions on back of certificate.

F.M. 26611

F 26611

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. .....

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

2. FULL NAME Daniel Sherman

(a) Residence: No. Levindale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Reva Leah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 60
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Daniel
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dreider
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT SIGMUND FEINBLATT
(Address) SUPERINTENDENT GREENSPRING & BELVEDERE AVES.

18. BURIAL Place Rosedale Date 8/19/36.

19. UNDERTAKER Jack & Levin Inc
(Address) 1312 E Baltimore St.

21. FILED AUG 19 1936 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1935 to 8-18, 1936

I last saw him alive on 8-17, 1936 Death is said to have occurred on the date stated above, at 7.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia right, cerebral	
Hyperteneiod	
Chr. card vascular disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A Edmund Klein, M. D.

(Address) Levindale

F 26612

F 26612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Abraham Holtzman

If U. S. Veteran specify WAR

(a) Residence: No. 2912 Springhill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Holtzman

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cottage Mfg. 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Holtzman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Gertrude Holtzman 2912 Springhill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Rev. Rudnick Date 8/19/36 19

19. UNDERTAKER (Address) Jack Levin Inc 1439 E Baltimore

20. FILED 19 Registrar

AUG 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 26613

F 26613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 McKaig's Court 1-1 St., Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Englehardt If U. S. Veteran specify WAR No Record

(a) Residence: No. 3010 McKaig's Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Englehardt

6. DATE OF BIRTH (month, day, year) Oct 22 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	78	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer yard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vic Kessler Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frances Englehardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sarah Englehardt

(Address) 3010 McKaigs Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Aug 20th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

Eugene Williams, Jr.

AUG 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

6614 George J. Smith F 26614

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital, 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME George J. Smith

(a) Residence: No. 1628 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Ella Smith

6. DATE OF BIRTH (month, day, year) June 11th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flag man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R. Dept 73
10. Date deceased last worked at this occupation (month and year) Aug 1936
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Ella Smith 1628 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Aug 21st 1936

19. UNDERTAKER (Address) Wm Cook 1219 St Paul St

20. FILED AUG 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1936 to August 18, 1936
I last saw h... alive on August 18, 1936 Death is said to have occurred on the date stated above, at 12 00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of Neck	4 wks
Diabetes Mellitus	?

Other contributory causes of importance:

Uremia	2 days

Was an operation performed? Yes Date of 8-13-36
For what disease or injury? Carbuncle of neck
Name of operation Incision & Drainage Date of 8-18-36
What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.
(Address) 1st Guilford Ave

Spec.-7-17-26-A Co.-200 Blks.

F 26615

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26615

CERTIFICATE OF DEATH

✓ 51-C

REGISTERED NO.

1-PLACE OF DEATH.

City of BALTIMORE: (No. 1315 N. North Ave. St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Talmage, No War Record

(a) RESIDENCE NO. 1315 N. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): About 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur 1943

(b) General nature of industry, business, or establishment in which employed (or employer): Spring Water Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Betty Grace Burns

(Address): 1315 W. North Ave

15 Filed: AUG 19 1936

16 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935, to Aug. 15, 1936,

that I last saw h alive on Aug. 15, 1936,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate Gland.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): none.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Horton, M. D.

8/16, 1936. (Address) 888 N Lemmon St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial 8/18 1936

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

very important. See instructions on back of certificates.

F 26616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26616

93-C

CERTIFICATE OF DEATH

Registered No. 16-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 W. Lanvale St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lydia Ann Mark

(a) Residence: No. 2521 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 23 1844

7. AGE: Years 91 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 1868

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gettysburg Pa

FATHER

13. NAME: John Mark

14. BIRTHPLACE (city or town) (State or country): Cashtown Pa

MOTHER

15. MAIDEN NAME: Catherine Kreglo

16. BIRTHPLACE (city or town) (State or country): Fannetsburg Pa

17. INFORMANT: Mrs. Alvin Bennett

(Address) 2521 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Date: Aug 21 1936

19. UNDERTAKER: H. Tickner & Sons

(Address) Mount Vernon

AUG 19 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Aug. (day) 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936 to Aug. 18, 1936

I last saw her alive on Aug. 18, 1936. Death is said to have occurred on the date stated above, at 6.30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.

(Address) 2757 N. Howard St

M. D. B 1268-9

F 26617 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26617

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Franklyn Coleman

(a) Residence: No. 520 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coleman

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME Markham

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Aug 21 19 36

19. UNDERTAKER Adolphus Hall Funeral Home
(Address) 2 E. Saratoga St.

AUG 19 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of heart	Aug 16 1936

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury April 16 1936

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Stab wound of body

Nature of injury Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Allen M. D.
Coroner

(Address) 20 Marquette St

OCCUPATION is very important. See instructions on back of certificate.

F 26618 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26618

CERTIFICATE OF DEATH

1107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital (Ward) 6
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr Henry Wiles.

(a) Residence: No. 608 W. 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mrs Jennie Wiles.

6. DATE OF BIRTH (month, day, year) April 3, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	3 4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Layer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME David Wiles
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Annie Congress
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Jennie Wiles.
(Address) 3735 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Aug 21, 1936

19. UNDERTAKER Chenowith & Son.
(Address) 3615-17 Chestnut Ave.

20. FILED 19 Huntington Williams, M.D.

G 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/22/36 to 8/18/36

I last saw h. im alive on 8/14/36 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia.	6/18/36
Other contributory causes of importance: Bronchopneumonia.	7/13/36

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Maryland General Hospital

M. D. B 1268-9

F 26619

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26619

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Gen. Hospital 121 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Josephine Johnson If U. S. Veteran specify WAR .....

(a) Residence: No. 326 S. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17 1933.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roy Johnson

14. BIRTHPLACE (city or town) (State or country) York, Pa

MOTHER

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

17. INFORMANT Father Mother

(Address) 326 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Date Aug 20 1936

19. UNDERTAKER Edmondson Ave

(Address) 365 N. Edmondson Ave

19 1936 at E. Lynn Williams, M.D. Residence

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 12 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	

Other contributory causes of importance: Peritonitis.

Was an operation performed? Yes Date of Aug 18

For what disease or injury? Appendicitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) None ..... M. D.
Coroner

(Address) Baltimore

OCCUPATION IS very important. See instructions on back of certificate.

F 26620

M. D. B. 1268-A

F 26620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Pryor

(a) Residence: No. 930 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) July 4 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Stove

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Annie Pryor

(Address) 930 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8-12- 1936

19. UNDERTAKER Jos. L. Hollomon

(Address) 1651 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

536

AaCo. 5-31 2505

F 26621

HEALTH DEPARTMENT—CITY OF BALTIMORE

26621

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 McCulloh St., 14-3 Ward)

Length of residence in city or town where death occurred 1 yrs. [illegible] mos. [illegible] ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Hack Yates

(a) Residence: No. 1816 McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Samuel Yates

6. DATE OF BIRTH (month, day, year): Dec 30, 1897

7. AGE: Years 38 | Months 7 | Days 17 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Thomas E. Hack

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Hannah F. Washington

16. BIRTHPLACE (city or town) (State or country): Charles Town W. Va

17. INFORMANT (Address): Hannah Hack 1816 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem 8/20 1936

19. UNDERTAKER (Address): Byrnes & Hawkins 818 Eutaw Pl

20. FILED: AUG 19 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1936 to Aug 17, 1936

I last saw her alive on Aug 17 1936 death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Mammary Gland	
+ involving Lung	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

F 26622

F 26622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-P

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3913 Woodbine ave ... 28-1 Ward)

Length of residence in city or town where death occurred ... Life ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alma F. Reese (nee Burns) ... U. S Veteran ... Specify WAR ...

(a) Residence: No. 3913 Woodbine ave ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Reese

6. DATE OF BIRTH (month, day, year) Oct 1, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas W. Burns

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Alma J. Bachtle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter H. Reese

(Address) 3913 Woodbine ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8-19 1936

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W Lombard St

Huntington Ind

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1935 to Aug 17 1936

I last saw her alive on Aug 17 1936 Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	5
Cardiac Failure	8/16/36

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 800 Liberty Hgts Ave

26623 F 26623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Chester St. St. 6-4 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore J. Hucht Jr.

(a) Residence: No. 208 N Chester St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar. 10/1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Theodore Hucht

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

MOTHER

15. MAIDEN NAME Bernice E. Baldwin

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

17. INFORMANT (Address) Bernice E. Baldwin (Mother 208 N. Chester. St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer. Date Aug 20. 1936

19. UNDERTAKER Tully & Zwicker. (Address) 402 N. [illegible] St.

20. FILED AUG 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16th 1936 to Aug. 17th 1936

I last saw him alive on Aug. 17th 1936 Death is said to have occurred on the date stated above, at 4/45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1931

Other contributory causes of importance:

none

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify

(Signed) Frederick H. Herrman M. D.

(Address) 2913 E. Balto

F 26624

26624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Ensor St., 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wesley Burns

(a) Residence: No. 813 Ensor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Burns

6. DATE OF BIRTH (month, day, year) Mar 13-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hodge La

FATHER

13. NAME Butler Burns

14. BIRTHPLACE (city or town) (State or country) Hodges La

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Marie Burns
(Address) 813 Ensor St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date 8-20-, 1936

19. UNDERTAKER H. E. Hiott & Son
(Address) 1129 N. Carrollton Ave

20. FILED ..... Registrar

G ..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936 to Aug 18, 1936

I last saw h. alive on Aug 18, 1936 Death is said to have occurred on the date stated above, at 1 P.M. m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchio Pneumonia Phthisis — Date of onset July 17 1936

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Hosley Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Allen, M. D.

(Address) 507 Aisquith St

E 26625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 26625

CERTIFICATE OF DEATH

15-46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 N. Fulton Ave. St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie May Foy

(a) Residence: No. 1532 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rufus F. Foy

6. DATE OF BIRTH (month, day, year) May 10, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Harry W. Griffin

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Delphia

16. BIRTHPLACE (city or town) Union Bridge, (State or country) Md.

17. INFORMANT Mr. Rufus F. Foy.
(Address) 1532 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem. Date Aug. 20, 1936

19. UNDERTAKER Wm J Tickner & Son
(Address) Mount & Pa
Huntington Williams, Jr.
(Registrar.)

AUG 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from February, 1936, to Aug 18th, 1936
I last saw h[illegible] alive on Aug 18th, 1936. Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with obstruction	

Other contributory causes of importance:

Was an operation performed? yes. Date of about 1 yr ago

For what disease or injury? Carcinoma rectum

What test confirmed diagnosis? clinical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Brady M. D.

(Address) 304 W north Ave.

F 26626

26626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 15-16 St., ... Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathan Barr

(a) Residence: No. 4101 Boarman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler 0038

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ruth

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 19 1936

19. UNDERTAKER Jos. Lurz & Sons
(Address) 1439 E. Baltimore St.

19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1936, to 8-19, 1936

I last saw him alive on 8-19, 1936. Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	8-17-36
Peritonitis	8-17-36
Bronchopneumonia - type undetermined	8-12-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-11-36

For what disease or injury? Intestinal obstruction

Name of operation Resection of ileum Date of 8-11-36

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard Liebman, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 26627

F 26627 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 304 N. High St St.) 5-N Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S Veteran specify WAR .....

2. FULL NAME James Parker
(a) Residence No. 304 N High St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, ~~REMOVAL~~
Place J. H. Med School Date Aug 14. 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Orin B. Wallace M. D.
(Address) 1031 St Paul St

THE MONOUS 2536

26628 F 26628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 631 W 33 St., 13-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Rachel Cornelius
(a) Residence: No. 631 W 33 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow Deceased

5a. If married, widowed, or divorced (or) WIFE of John E. Cornelius

6. DATE OF BIRTH (month, day, year) June 8 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER
13. NAME William Bell
14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER
15. MAIDEN NAME Mary A. Morfett
16. BIRTHPLACE (city or town) (State or country) Balto. Co

17. INFORMANT Rebecca Cornelius
(Address) 631 W. 33 St

18. BURIAL, CREMATION, OR REMOVAL Interment
Place St Mary's Date Aug 20 1936

19. UNDERTAKER E. S. Marshall
(Address) 3539 Eutaw Place
Filed Aug 19 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to Aug 17 1936
I last saw h[illegible] alive on Aug 17 1936 Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	3 days
dilatation	
Other contributory causes of importance:	
Senility - Arteriosclerosis	
Fractured hip 7 yrs ago	7 yrs

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? — 631 W 33rd St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury fell out of bed
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Vernon J Kelly M. D.
(Address) Co of Coroners Office Balto

M. P. B. 1268-9

26629

F 26629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 9 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathan Chronister

(a) Residence: No. 304 S. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth A.

6. DATE OF BIRTH (month, day, year) Oct 31 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brooklyn
(State or country) Maryland

FATHER

13. NAME Charles Chronister

14. BIRTHPLACE (city or town) Sykesville
(State or country) ~~Maryland~~ Md

MOTHER

15. MAIDEN NAME Celia Longest

16. BIRTHPLACE (city or town) .....
(State or country) Virginia

17. INFORMANT Floyd Chronister (brother)
(Address) 3722 2nd St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 21 . 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light

20. FILED Aug 22 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	

Other contributory causes of importance:

Cerebral hemorrhage	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 8/9 . 1936

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. W. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

M. D. B. 1268-3

26630

F 26630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-Grave 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Thames St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Copley

(a) Residence: No. 1738 Thames St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W hite	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Aug 19 , 1936

19. UNDERTAKER .....

(Address)

FILED 19 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, acute myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Erwin B. Wallace M. D.

(Address) 1031 St Paul St

Spec.—1-10-21—M&T—1500 Blks.

F 26631

F 26631

HEALTH DEPARTMENT—CITY OF BALTIMORE

47-B

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3107 Westwood ST. 15-6 (WARD)

2-FULL NAME Maurice L. Kirwan

(a) RESIDENCE NO. 3107 Westwood Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E Kirwin

6 DATE OF BIRTH (month, day, and year) Dec 4 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sea Food 00 4 5

(b) General nature of industry, business, or establishment in which employed (or employer) Sea Food dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas H. Kirwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosa White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary E. Kirwin (wife)

(Address) 3107 Westwood Ave

19 1936 ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19/36 19

17 I HEREBY CERTIFY, That I attended deceased from July 27 . 19 36 . to Aug 19/36 . 19 .....

that I last saw him alive on Aug 15/36 . 19 .....

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung

from history duration about 6 mo,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) carcinoma of lung about 6 mo

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Walter S Hublett M. D.

Aug 14/1936 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Leakin Park Md DATE OF BURIAL 8/20/1936

UNDERTAKER George C Talley ADDRESS Fulton & Fayette

Cor.—12-9-25—A Co.—200 Bks.

26632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26632

93-a

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Jail St., 10-3 Ward

2-FULL NAME Joseph E. Carey

(a) RESIDENCE NO. Don't Know St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 Color or Race W 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Margaret Carey

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER James Carey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ire

12 MAIDEN NAME OF MOTHER Cath L. Owens

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ire City

14 Informant John Carey

(Address) Cincinnati

9-1936 ~~Reg't~~ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/16/1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Wm B Mallard (Coroner)

, 19 (Address) 1031 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery Date of Burial 8/20/1936

20 UNDERTAKER J. G. Moran ADDRESS 300 E Baltimore

M. D. B 1268-9

Jedrites

F 26633

26633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert J. Jedrites

If U. S. Veteran specify WAR

(a) Residence: No. 2315 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Dubl

6. DATE OF BIRTH (month, day, year) Jan 8, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Charles Jedrites

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Pluciniski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Emma Jedrites

(Address) 2315 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pottsville Pa Date Aug. 19, 1936

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 N. North Ave

19 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/1936

22. I HEREBY CERTIFY, That I took charge of the [illegible] described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns - 2nd Degree over 90% Body Surface	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/18/1936

Where did injury occur? St Paul Garage

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Ignited can of gasoline from cigarette

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Wallace M. D.

Coroner

(Address) 1031 St Paul St

M. D. B 1268-9

26634

F 26634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1947 Edmondson Ave. St. 20-1 Ward) ✓157-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Griffith

If U. S. Veteran specify WAR.....

(a) Residence: No. 1947 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 5, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	-	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Gordon Griffith

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary L. Strickland

16. BIRTHPLACE (city or town) Raleigh (State or country) N. C.

17. INFORMANT Mr. Gordon Griffith

(Address) 1947 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date August 20, 36

19. UNDERTAKER Fred H. Cook

(Address) 1003 E. Baltimore St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Indigestion or	
Malnutrition	

Other contributory causes of importance:

Duct Congenital Heart

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 1215 Hanover St.

26635

E 26635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 9

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 1-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 11 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Cecelia Nowowiejska (Newman) If U. S. Veteran specify WAR.....

(a) Residence: No. 2600 Hudson St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 18, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ctw

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Nowowiejska

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Machlabiewicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Father

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date 8/20 36 19

19. UNDERTAKER John J. Puda

(Address) 28 N. Hudson St

20. FILED 19 Registrar

AUG 20 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug 19, 1936

I last saw her alive on Aug 19, 1936. Death is said to have occurred on the date stated above, at 12 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	7-25-36
Bronchopneumonia	8-18-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J. Schwatcher, M. D.

(Address)

Mary J Quinn

26636 F 26636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Quinn (Leonilla

If U. S. Veteran specify WAR .....

(a) Residence: No. 2813 Hudson St., ... Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George M. Quinn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Magee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT George Quinn

(Address) 2813 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/21 19 36

19. UNDERTAKER John J. Ryda

(Address) 2811 Hudson St

20. FILED ..... Registrar.

AUG 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18/36 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 19 36 to Aug. 18, 19 ....

I last saw her alive on Aug. 18, 19 36 Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilat. (type undetermined)	Aug. 4, 1936.
Other contributory causes of importance: Massive pleural effusion, L. Abd. distension	WW

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

M. D. 23687. F 26637.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N. Glover St. 6-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Elizabeth Robleder

(a) Residence: No. 132 N. Glover St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Theodore Robleder

6. DATE OF BIRTH (month, day, year): Oct 1-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Herman Morgenthe

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Theodore Robleder

(Address) 132 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Aug 21-36

19. UNDERTAKER: J. F. Stewart Sons

(Address) 1360 N. Fulton Ave

20. FILED ... 19 ... Registrar

AUG 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 36, 19... to 8/18, 1936

I last saw her alive on 8/17, 1936 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage 8321	
Other contributory causes of importance: 930 Chr. Myocarditis Terminal Pneumonia	

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm. Greenfield M. D.

(Address) 4613 East Ave

Spec.—5-19-13—M. & T.—500 Bks.

F 26638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26638

(world war)

CERTIFICATE OF DEATH.

92-a

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Mc Culloh St.; 14-K WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Rodgers

(Residence in Baltimore: No. 1511 Mc Culloh St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH. Sept — 12 —, 1880
(Month) (Day) (Year)

7-AGE. 55 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Name unknown Rodgers

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard James

(Address) 1511 Mc Culloh St

15- Filed AUG 20 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug — 19 —, 1936
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1936, to Aug 18 1936, that I saw him alive on Aug 18 1936, and that death occurred, on the date stated above, at 12½ A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 21 ds.

(Signed) C. E. Hughes M. D.

Aug 19, 1936 (Address) 1433 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Cem

DATE OF BURIAL. Aug 21, 1936

20-UNDERTAKER George A. Kelsey

ADDRESS 1303 Eastmount Ave

M. D. B 1268-9

Harvey Fausen

F 26639

26639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Fausen If U. S. Veteran specify WAR Worlds War

(a) Residence: No. 941 Linden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jonesborough Va

FATHER

13. NAME Alexander Fausen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Fausen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Susie B Diez
(Address) 941 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 8/30 19 36

19. UNDERTAKER P. E. Richardson
(Address) 1320 Hemstead Ave

FILED AUG 22 1936 19

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Cerebral Apoplexy	Aug 17th 1936

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury no

Name of operation no Date of

What test confirmed diagnosis Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George C Allen M. D.
Coroner

(Address) 50 Pleasants St

M. D. B 1268-9

F 26640

F 26640 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 13-3 Ward)

Registered No. ✓9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [redacted] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Nathaniel Alston

If U. S. Veteran specify WAR

(a) Residence: No. 2413 Ellins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	9/10	3/17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Alston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cecil Alston

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Cecil Alston (Address) 2413 Ellins St

18. BURIAL, CREMATION, OR REMOVAL

Place Ashburton Cemetery Date 8/21 19 36

19. UNDERTAKER [illegible] (Address) 1320 Division Ave

20. FILED 19 Registrar Huntington Williams, M.D.

25 1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Aug 10 1936
Other contributory causes of importance: Cellulosis	Aug 1

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Allen Coroner M. D.

(Address) [illegible] Augusta

F 26641

26641 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 48

10065

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Madeline Brown (Freeman)

(a) Residence: No. 2330 Guilford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Brown

6. DATE OF BIRTH (month, day, year) 6-4-1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (0) 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va. Date 8/22 1936

19. UNDERTAKER Paul W. Chase & Co
(Address) 638 N. Eden

20. FILED ..... 19 ..... Registrar

AUG 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1935 to 8-19 1936

I last saw her alive on 8-19 1936 Death is said to have occurred on the date stated above, at 4:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? , Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. L. Appleton M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

F 26642

F 26642 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH West Balto. Gen. Hosp. 8-13

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Olsan

(a) Residence: No. 4321 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Olsan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Olsan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Daugh —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jake Olsan

(Address) 3600 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holly Rosedale Date 8-20 1936

19. UNDERTAKER Jack Levy Inc

(Address) 1957 E Balto St

20. [illegible] AUG 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19.. to 8-19-1936

I last saw him alive on 8-19-1936 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2 days
Other contributory causes of importance: Perforated Gastric Ulcer	12 days

Name of operation Closure of ulcer Date of 8/19/36

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Benj. Samber M. D.

(Address) 2128 W. Northern

AACo. 5-31 250B

26643

HEALTH DEPARTMENT—CITY OF BALTIMORE

26643

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Monroe St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. If of foreign birth 53 yrs. mos. ds.

2. FULL NAME Wilhelmina M. Prior

(a) Residence: No. 402 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Prior Sr.

6. DATE OF BIRTH (month, day, year) 1-28-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lasell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernard Prior Sr.
(Address) 402 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cemetery. Date Aug. 21 1936.

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED AUG 20 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to Aug. 18, 1936

I last saw her alive on Aug. 17 1936 death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-17-36
due to Hypertension	

Other contributory causes of importance: Generalized arteriosclerosis ?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas E. Schaefer, M. D.

(Address) 545 S. Milton Ave.

26644 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 26644

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Gosuel Av St., 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. NONE

2. FULL NAME Jane Annetta Prentiss

(a) Residence: No. 634 Gosuel Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. H. G. Prentiss

6. DATE OF BIRTH (month, day, year): May-3-1861

7. AGE: Years 75 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Alex. Aitken

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Emma L. Phillips

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Dr. H. G. Prentiss (husband)

(Address) 634 Gosuel Av

18. BURIAL, CREMATION, OR REMOVAL

Place: Interment Date: Aug-21-36

19. UNDERTAKER: Edward Modert Co.

(Address) 634 W. Fayette Av.

AUG 20 1936

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Aug 18, 1936

I last saw her alive on Aug 18, 1936 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Chr. valvular heart disease + myocardits — Date of onset: about 3 yrs ago

Other contributory causes of importance:

Acute cardiac dilatation

Ans death in 5 min.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. A. Hayward, M. D.

(Address) 1109 N Calvert St.

F 26645 F 26645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓59

Registered No. 17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James Mears

(a) Residence: No. 1052 Myrtle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Mears

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) —

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rebecca Mears

(Address) 1052 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 20 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

Huntington Indiana

AUG 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936 to August 17, 1936

I last saw him alive on August 17, 1936 Death is said to have occurred on the date stated above, at 2 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension + Arteriosclerosis	?
Diabetes Mellitus	?
Congestive Heart Failure	2 mos

Other contributory causes of importance:

Pulmonary Edema Uremia

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Luke R. Stephenson M. D.

(Address) St. Joseph Hospital

26646 5H4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VF 26646

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 7-5 × 53-C

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gerald Lushbaugh

(a) Residence: No. 419 Freemont ave St., Ward. Hagerstown md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-13-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	-	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Howard Lushbaugh

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown md Date Aug 21 1936

19. UNDERTAKER John Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19...

AUG 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 18 1936 to Aug 19, 1936

I last saw h. in alive on Aug 19, 1936 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

Brain tumor, malignant — Date of onset 5/1/46

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/19/46

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

26647

HEALTH DEPARTMENT—CITY OF BALTIMORE

26647

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A. Lohf

(a) Residence No. 518 S. Longwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) March 24, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Equitable Co

10. Date deceased last worked at this occupation (month and year) 8/13/36

11. Total time (years) spent in this occupation 6 mos

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Lohf

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Fannie Rollins

16. BIRTHPLACE (city or town) (State or country) Fairmont W. Va.

17. INFORMANT John A. Lohf

(Address) 518 S. Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Aug 22, 1936

19. UNDERTAKER John A. Mitchell & Son

(Address) 1300 Eutaw Place

AUG 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above, 10 15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck,	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/19 1936

Where did injury occur? Severn River md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Diving in Shallow

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 1215 Hanover

M. D. B 1268-9

F 26648

26648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
at Sea. 1 day on Kaiser Wilhelm der Grosse
CITY OF BALTIMORE: (No. ..... U.S. City Hamburg St., 1 No. 6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hugo Almquist

(a) Residence: No. 226 W. Rose St. Santa Monica St., ... Ward. .....
(Usual place of abode) California (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Dec 14 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant, retail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nystad
(State or country) Sweden

FATHER

13. NAME Carl Anton Almquist

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER

15. MAIDEN NAME Sophie Lawdeg

16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT Mrs Hugo Almquist daughter
(Address) Santa Monica, California

18. BURIAL, CREMATION, OR REMOVAL
Place Los Angeles Cal. Date Aug 21 1936

19. UNDERTAKER Scott & Cook
(Address) 1003 W. Baltimore St.

AUG 20 1936 E. Lee Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	
Coronary thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wright, M. D.
Coroner

(Address) 121 N. Eutaw St.

M. D. B 1268-9

F 26649

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26649

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John T. Bridge

(a) Residence: No. 939 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olive Pearl Bridge

6. DATE OF BIRTH (month, day, year) July 5, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Booth Packing Co.

10. Date decedent last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Bridge

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Nawdlesey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Thomas B. Bridge
(Address) 2625 Georgetown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Aug. 20 19 36

19. UNDERTAKER Leon H. Cook
(Address) 1005 W. Baltimore St.

20. FILED ... 19 ... Registrar

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	
Edema of brain	

Other contributory causes of importance:

Cardio-vascular hypertension

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ..., 19...

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto. City Hospital

Manner of injury Fall

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. W. Mackenzie M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

26650 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26650

CERTIFICATE OF DEATH

Registered No. 9651

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-12 Ward) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

2. FULL NAME Bakener (Beckner), Christian

(a) Residence: No. First Ave. & 12th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 9, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	77	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Bakener

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Theresa ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Aug 20, 1936

19. UNDERTAKER [illegible]
(Address)

FILED 20 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1936 to 8-16, 1936

I last saw him alive on 8-16, 1936. Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	8-14-36
Meningococcus Meningitis	8-4-36

Other contributory causes of importance:

Arteriosclerosis	Unk.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

26651 E 26651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. 16454

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Life 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Wells

(a) Residence: No. 2033 Division St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-16-36

7. AGE Years	Months	Days	If LESS than 1 day, 1½ hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BCH

MOTHER FATHER

13. NAME Eugene

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Maude Travers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Aug 20 19 36

19. UNDERTAKER
(Address)

20. FILED ... Registrar

G 20 1036644

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1936 to 8-16, 1936

I last saw him alive on 8-6, 1936 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	8-16-36
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) F. L. Carpenter M. D.
(Address) Balto. City Hospital

M. D. B 1268-9

26652 | 26652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Fuller

If U. S. Veteran specify WAR .....

(a) Residence: No. 509 N. Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 21 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Wyoming Bickett

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Va

17. INFORMANT Wyoming Miller
(Address) 509 N. Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/20/36

19. UNDERTAKER Chas. H. Corbett
(Address) 514 N. Calhoun St

20. FILED ..... 19 ..... Registrar

Hunting for Finances, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above, 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Two hours	
~~Cerebral Hemorrhage~~	
Gastro-Enteritis	

Other contributory causes of importance:

Convulsions 3 days.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

26653

F 26653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH Ma Sane. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4222 Springwood Ave St. 26th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Gertrude L Balster

(a) Residence: No. 4222 Springwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Balster

6. DATE OF BIRTH (month, day, year) Apr 22, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas H Schnauffer Sr

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Clara F Vehlagel

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Clara F Schnauffer

(Address) 7222 Springwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Aug 22, 1933

19. UNDERTAKER John Ulrich & Sons

(Address) 2008 Pulaski St

20. FILED Aug 23 1933 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17-33, 19.., to 8-19, 1933

I last saw h.. alive on 8-19, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic hematocele	July 22
Partial obstruction of bowel	" "

Other contributory causes of importance: Myocardial failure (Over)

Was an operation performed? Yes Date of 8/18/33

For what disease or injury? Pelvic hematocele Partial obstruction

Name of operation Release of pelvic adhesions Date of 8-18-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm A Fletcher M. D.

(Address) Md. Gen. Hosp

26654 F 26654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 13-B

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Madeline Joyaux

If U. S. Veteran specify WAR ...

(a) Residence: No. 1205 S. Carey St., ... Ward. C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 7-23-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	-	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harvey Joyaux

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Cecelia Kowalewski

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Cecelia Joyaux

(Address) 1205 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 8/22/ 1936

19. UNDERTAKER John Fowler & Son

(Address) 501 Hodges St.

8 20 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 8-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1936, to 8-20, 1936

I last saw h[illegible] alive on 8-19, 1936 Death is said to have occurred on the date stated above, at 3:55 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery (?)	8-16-36

Other contributory causes of importance: None

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None yet Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ... 19 ...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) I. Freeman M. D.

(Address) Mercy Hosp. Balto.

F 26655

26655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3811 Cold Spring Lane (Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Jennie Stinchcomb

(a) Residence, No. 3811 Cold Spring Lane Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: George W. Stinchcomb

6. DATE OF BIRTH (month, day, year): July 4, 1856

7. AGE: Years 80 | Months 1 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: J. W. Gordon

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Jane Mary Eagleston

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Warner W. Isaac

(Address) 3811 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Aug 21 1936

Place ...

19. UNDERTAKER: J. Fletcher Hyde & Bro

(Address) ...

Filed Aug 21 1936 E. Lyston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1936 to 8/16 1936

last saw her alive on 8/16 1936 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset 3-4 yrs.

Other contributory causes of importance: Arterio-sclerosis Duration ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Symptomatic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

How specify ...

(Signed) Henry Russell M. D.

(Address) 3701 Greenland Ave

F 26656

26656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 437 N. Fulton Ave. Ward 9-1)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Wilbur Fisk Harrison Sr. If U. S. Veteran specify WAR

(a) Residence: No. 437 N. Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Anderson Harrison

6. DATE OF BIRTH (month, day, year): Dec. 3, 1859

7. AGE: Years 76 | Months 8 | Days 11 | If LESS than 1 day ...hrs. or ...min. 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales Mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lumber
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER
13. NAME: Nicholas S. Harrison
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Elizabeth Greenfield
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Walter V. Harrison
(Address): 3026 Abell Ave.

18. BURIAL, CREMATION, REMOVAL
Place: Loudon Park Date: Aug 21 36

19. UNDERTAKER: Wm. Huckel Sons
(Address): North & Paca sts

20 1936 Huntington Williams Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1936, to Aug 19, 1936. I last saw him alive on Aug 19, 1936. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	3 yrs.
Cardiac Insufficiency	1 yrs.
Oedema	6 mo.
C. V. D. Bronchial Lungs and Liver	6 mo.
Other contributory causes of importance:	
Hypertrophy Heart	4 mo.
Myocardial Insufficiency	3 da.

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Earle Towns, M. D.
(Address) 840 N Fulton Ave

F 26657

M. D. No. 28657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH — Registered No. .....
CITY OF BALTIMORE: (No. 18 St. James Apt. St., 11-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Varnum Perry Jr. — If U. S. Veteran specify WAR .....
(a) Residence: No. Charles & Center St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar. 21 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hartford Acc'd Ins Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER
13. NAME Charles V. Perry Sr.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. M. Warfield (Address) 222 E. Redwood St.

18. BURIAL, CREMATION, OR REMOVAL Place Bristol R.I. Date Aug 20 1936

19. UNDERTAKER Wm. Dickuel & Sons (Address) North & Paca

Sta. 7 Wilkinson & Williamson

D 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Thrombosis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Chas. B. Wallace M. D.
Coroner
(Address) 1031 St. Paul St.

F 26658

M. D. B. 1268-9

26658 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 3206 Wylie Ave. 27-16 Ward)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alonzo Joseph King

(a) Residence: No. 3206 Wylie Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ada Virginia King

6. DATE OF BIRTH (month, day, year) Feb 3 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coal Dealer: Ad 43

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Prince George County Maryland

FATHER

13. NAME Walter B. King

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Charlotta E Gray

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert W. King

(Address) 3206 Wylie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 21 1936

19. UNDERTAKER C. Vernon Seymour

(Address) 611 Park Heights Ave

Registrar.

AUG 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936 to Aug 18, 1936

I last saw him alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at 8.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	Aug. 15 - 36

Other contributory causes of importance:

Chronic Bronchitis Unknown

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James E. Ashhurst M. D.

(Address) 4012 Park Heights Av

AUG 21 1936

F 26659

F 26659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 176

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 9-9 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Kirby Belle Railing

(a) Residence: No. Shippensburg Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob E. Railing

6. DATE OF BIRTH (month, day, year) Aug 14 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Co Pa

MOTHER

13. NAME Peter J. Mowen

14. BIRTHPLACE (city or town) (State or country) Cumberland Co Pa

15. MAIDEN NAME Jane Hawk

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT W. A. Railing

(Address) Shippensburg Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Shippensburg Pa Date Aug 23 1936

19. UNDERTAKER Wm J. Pickenpaugh

(Address) Shippensburg Pa

Filed Aug 21 1936 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1936, to August 20, 1936

I last saw h.. alive on August 20, 1936 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis + Cholelithiasis	15 yrs
Hypertensive Heart Disease	?
Diabetes Mellitus	?

Other contributory causes of importance:

Circulatory collapse - post operative

Was an operation performed? Yes Date of August 18, 1936

For what disease or injury? Ch. Cholecystitis + Lithiasis

Name of operation Cholecystectomy + Appendectomy Date of 8-18-36

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nat. Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank B. Stephenson M. D.

(Address) St. Joseph Hospital

F 26660

F 26660 HEALTH DEPARTMENT—CITY OF BALTIMORE

122-N

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Virginia (Mrs. Samuel Thomas) Warfield If U. S. Veteran specify WAR .....

(a) Residence: No. 3529 Hickory Ave. Balto. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Samuel Thomas Warfield

6. DATE OF BIRTH (month, day, year) June 2, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beckleysville Balto. County

FATHER

13. NAME Henry Ware

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Susan Hare

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT MRS. Roberta Garleck (daughter)

(Address) 3529 Hickory Ave. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Hampden Date Aug 22, 1936

19. UNDERTAKER Thanhouser Bros.

(Address) 3615 Boundary Ave.

20. FILED Aug 24 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1936 to August 19, 1936

I last saw her alive on August 19, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Yes Date of August 5, 1936

For what disease or injury Repair of Ventral (Incisional) Hernia

Name of operation Herniaplasty Date of Aug 5, 36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hospital

Spec.—12-9-25—A Co.—200 Bks.

26661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26661

CERTIFICATE OF DEATH.

✓ 82-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2116 Penna. Ave 15-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted] White

(a) RESIDENCE NO. 2116 Penna. Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carlos White

6b DATE OF BIRTH (month, day, and year): May 14 1875

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
61		3	5	

7a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): domestic

(c) Name of employer: —

8 BIRTHPLACE (city or town)

(State or country): Va.

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town)

(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant: Ada Tibbs Myers

(Address) 2116 Penna. Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/19/36

17 I HEREBY CERTIFY, That I attended deceased from 8/8/36, 19..., to ..., 19...,

that I last saw her alive on 8/19/36, 19...,

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) age

(duration) ...yrs. ...mos. ...ds.

Is Where was disease contracted? —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Ernest Nutter M. D.

, 19 (Address) 200 S Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial 8/22 1936

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

AUG 21 1936 Huntington [illegible]

F 26662

F 26662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 9-9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1317 Hillman St., (Ward) 9-9
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Catherine Engelbrecht

(a) Residence: No. 1317 Hillman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Engelbrecht

6. DATE OF BIRTH (month, day, year) Oct. 27 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't know
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Cath. Glindmeir
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edwin Engelbrecht
(Address) 1317 Hillman St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Aug 22 19 36

19. UNDERTAKER Wm H. Valentine
(Address) 2326 Aiken St.

20. FILED Aug 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/17 1936 to 8/19 1936
I last saw her alive on 8/17 1936 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	8/17/36
Cerebral Accident	8/19/36
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury? No
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph D. Blum M. D.
(Address) 1206 E. Preston St.

F 26663 HEALTH DEPARTMENT—CITY OF BALTIMORE 26663

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH Provident Hospital 70-6

CITY OF BALTIMORE: (No. 1514 Dennison St. Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lenora Matthews

(a) Residence: No. 3118 Leeds St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Malinda Matthews

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Malinda Matthews
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. Star Date 8-21-36

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar

DEC 21 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1936 to 8-18 1936.

I last saw h~~im~~ alive on Aug 18 1936. Death is said to have occured on the date stated above, at 12.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Diabetic Coma	
Diabetic Gangrene Lft Ft	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Amputation Left Date of 7-11

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occured in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) Provident Hosp

F 26664

F. D. B. 1268-9

F 26664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Hollins St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Treakel

(a) Residence: No. 1231 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William Treakel

6. DATE OF BIRTH (month, day, year) Feb. 5 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6237

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Harry S. Buttimer

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Soggie

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Josephine Buttimer

(Address) 1231 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug. 22, 1936

19. UNDERTAKER Frederick A. Cole

(Address) 300 W. Lombard St.

AUG 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 - 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abscess Aug 5	1936
Acute Peritonitis. two	weeks
Treated since March 5 - 1936	

Other contributory causes of importance:

Carcinoma of Cervix

Was an operation performed? not Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F 26665

26665 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

+ V 82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Conaway

(a) Residence: No. Pumphrey, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced (or) WIFE of George Conaway

7. DATE OF BIRTH (month, day, year) ? 1872

8. AGE: Years 64? Months — Days — If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 6037

11. Date deceased last worked at this occupation (month and year) Aug 4 36

12. Total time (years) spent in this occupation —

13. BIRTHPLACE (city or town) (State or country) W. Va.

14. NAME ?

15. BIRTHPLACE (city or town) (State or country) ?

16. MAIDEN NAME Frances Ellis

17. BIRTHPLACE (city or town) (State or country) W. Va.

18. INFORMANT Geo. W. Conaway
(Address) Patapsco Park. A.9.60

19. BURIAL, CREMATION, OR REMOVAL
Place W. Cedar Date 8-24 1936

20. UNDERTAKER Chas. W. Chase & Son
(Address) 1320 W. Pratt

Eugene Nathans M.D.

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Aug 20, 1936

I last saw her alive on Aug 5, 1936. Death is said to have occurred on the date stated above, at 7¼ A m.

The principal cause of death and related causes of importance, were as follows:

1. Uterine fibromyomata
2. Hemorrhage.

Date of onset: Aug 4

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Path Exam Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Henry Genrig Jr. M. D.

(Address) University Hospital

F 26666

26666 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 12-2 Registered No. 23

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Juliet Harris

(a) Residence: No. ..... St., ... Ward. Crisfield, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): May 31, 1911

7. AGE: 25 Years | Months: 2 | Days: 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dr

10. Date deceased last worked at this occupation (month and year): Dec

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Crisfield Md.

MOTHER FATHER

13. NAME: Rastus Benson Harris

14. BIRTHPLACE (city or town) (State or country): Crisfield Md

15. MAIDEN NAME: Lillian Hasey

16. BIRTHPLACE (city or town) (State or country): Crisfield Md

17. INFORMANT: R. L. Harris
(Address): Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL: Place: Oak Hill Wash Date: Aug 22 1936

19. UNDERTAKER: Henry N. Tawkins Sons
(Address): & Caleb T. Eachaus

20. FILED: Aug 22 1936 Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936 to Aug. 21, 1936

I last saw h. alive on Aug. 21, 1936 Death is said to have occurred on the date stated above, at 10 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Tuberculosis of Lungs & Intestines	?
Other contributory causes of importance:	

Was an operation performed? yes Date of June 25, 1936

For what disease or injury? Intestinal Obstruction

Name of operation Resection & Lesions Date of

What test confirmed diagnosis? Lab. Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Luther Fleming, M. D.

(Address) Union Mem. Hosp.

16324 Mencke F 26667

26667 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 27-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Mencke

(a) Residence: No. 4919 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-22-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bread?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. ~~Mencke~~

13. NAME Henry Mencke

14. BIRTHPLACE (city or town) (State or country) ~~Md.~~ Germany

15. MAIDEN NAME Henrietta Sonnberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 22 36

19. UNDERTAKER John Ulrich
(Address) 2008 Greene St

Filed [illegible] Registrar

G 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1936 to 8-20, 1936

I last saw h. l. M alive on 8-20 1936 Death is said to have occurred on the date stated above, at 7:40 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) — Date of onset 8-15-36
Malnutrition — 1 year

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Raney M. D.

(Address) Baltimore City Hospital

F 26668

M. D. B. 1268-9

6668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-107-a

Registered No. 26-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5711 Belair Rd., Balto., Md. St., 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Hartman

(a) Residence: No. 5711 Belair Rd., Balto., Md. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary V. Wroten

7. DATE OF BIRTH (month, day, year): Sept. 6, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigarmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 017

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: 45 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Sebastian Hartman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. John Cole

(Address): 5711 Belair Rd., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: aguat 22 19 6

19. UNDERTAKER: John Burns Sons

(Address): Towson Md.

21 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Aug. 20, 1936

I last saw h... in alive on Aug. 20th 1936 Death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Aug. 13 1936
Other contributory causes of importance:	
Arterio-sclerosis	many years
Asthma & Chronic Bronchitis	standing

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Balto., Md.

M. D. B. 1268-9

F 26669

26669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 Northway Guilford 17-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Dorsey Jamison Frame

(a) Residence: No. 219 Northway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Walter Lee Frame

6. DATE OF BIRTH (month, day, year): Mar 24 1860

7. AGE: Years 76 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home - Md

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Hagerstown Md

MOTHER FATHER

13. NAME: E. E. Dorsey

14. BIRTHPLACE (city or town) (State or country): Hagerstown Md

15. MAIDEN NAME: Sarah Downey

16. BIRTHPLACE (city or town) (State or country): Hagerstown Md

17. INFORMANT: Louise Frame Kramer

(Address) 219 Northway

18. BURIAL, CREMATION, OR REMOVAL: National Arlington Cemetery Date Aug 22 1936

Virginia

19. UNDERTAKER: H. W. Meyerstow

(Address) 805 N. Calvert St.

20. FILED AUG 21 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~June~~ 1, 1936, to Aug 21, 1936.

I last saw h[illegible] alive on Aug 19, 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Sepsis	
Acute Nephritis	
Uremia	8/13/36

Other contributory causes of importance:

Chronic Interstitial Nephritis.

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) C. C. Watson, M. D.

(Address) 627 N. Charles St

26670 E 26670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Knop

(a) Residence: No. 5613 Hilltop Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	New Born

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of New Born.

6. DATE OF BIRTH (month, day, year) Aug. 20, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	12 hrs. or 4 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Born Child

10. Date deceased last worked at this occupation (month and year) New Born

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mercy Hospital, Baltimore Maryland

13. NAME Carl A. Knop.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

15. MAIDEN NAME Ruth M. Hill

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Carl. Knopp (Father)

(Address) 5613 Hilltop Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 22 1936

19. UNDERTAKER Tilley & Zeller

(Address) 402 W. Lexington Baltimore, Md.

21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6.46 AM, Aug 20, 1936 to 6.50 PM, Aug 20, 1936

I last saw him alive on Aug. 20, 1936. Death is said to have occurred on the date stated above, at 6.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 8 months	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward P. Smith M. D.

(Address) 920 St Paul St.

F 26671

M. D. B. 1268-9

U-6945

26671 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-W

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Shaffer

(a) Residence: No. 4202 Watkinson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) 4-3-83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Daniel Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Campbell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date Aug 22 1936

19. UNDERTAKER Wm Cook

(Address) 1214 E Lanvale St

FILED 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-36 . 19 . to 8-19-36 . 19

I last saw h. or alive on 8-19-36 . 19 . Death is said to have occurred on the date stated above, at 10:10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-penumonia	8-8-36
Other contributory causes of importance:	
Senile psychosis	2 yrs.
Bromide delirium	1 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Leyneud M. D.

(Address) Baltimore, Md.

F 26672

26672 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

J94-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 519 Fayne Ave St. 10-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet.: specify WAR No Record

2. FULL NAME V. Frank Kemp

(a) Residence: No. 519 Fayne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Alice V. Kemp

6. DATE OF BIRTH (month, day, year): May 7th 1866

7. AGE: Years 70 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER FATHER

13. NAME: William Kemp

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

15. MAIDEN NAME: Susan Stockman

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT (Address): Lillian A. Kemp 519 Fayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Aug 22nd 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

21. FILED: 1936 Registrar: Huntington Tipp Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to Aug 19, 1936

I last saw him alive on Aug 19, 1936 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis — Date of onset ?

Other contributory causes of importance: Angina Pectoris — 7/18/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) C. P. Rostlund M. D.

(Address) 2623 Washington Blvd

F 26673

26673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Dillon St., 49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ada Owens

(a) Residence: No. 2313 Dillon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvester Owens

7. DATE OF BIRTH (month, day, year) 8/2/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House life

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. Pa.

MOTHER FATHER

13. NAME John Wells

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Arthur Wells

(Address) 2315 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn. Date 8/22/36, 19

19. UNDERTAKER Thomas G. Nelson

(Address) 1503 Druid Hill Ave.

Registered, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/12, 1936, to 8/20, 1936

I last saw h[illegible] alive on 8/20, 1936 Death is said to have occurred on the date stated above, at 5:1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a. Nephritis x Uremia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ben Rhett, M. D.

(Address) 2134 Eutaw Pl.

F 26674

26674 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131 ✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 4th Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James R. Short

(a) Residence: No. 1931 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie B. Short

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Cra Short
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 8/24 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1503 Freetman St

Aug 26 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20 1936

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1936, to August 20, 1936

I last saw h... alive on August 20, 1936 Death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	?
Congestive Heart Failure	1 mo

Other contributory causes of importance:

Pulmonary Edema	1 day
Spontaneous Pneumothorax	1 wk

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) St. Joseph's Hospital

F 26675

26675 **HEALTH DEPARTMENT--CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH 13407 Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 36-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pasquale Romito

(a) Residence: No. 6718 Youngstown Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Romito

DATE OF BIRTH (month, day, year) 6/9/1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin mill operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6046

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Louis D. Romito

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Nunzia Cellitti

16. BIRTHPLACE (city or town) (State or country) Italy Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Aug. 24 1936

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Motley St.

20. FILED 8-24-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1936 to 8-21 1936

I last saw him alive on 8-21 1936 Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess (Fuso-spirochetal)	6-1-36
Carcinoma of Stomach	1934
Other contributory causes of importance: Anemia Secondary	Unk

Was an operation performed? Yes Date of June 1936

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

26676

F 26676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital, 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Monroe

If U. S. Veteran specify WAR

(a) Residence: No. 828 Bradley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	(not stated)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Virgie Bentley

(Address) 828 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Aug 21, 1936

19. UNDERTAKER Mrs Katie L. Williams

(Address) 322 N. Schroeder Blvd.

20. FILED 19 Registrar

22-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-9- 1936, to 8-19- 1936

I last saw him alive on 8-19- 1936 Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	

Other contributory causes of importance:

Hypertrophy & Dilatation of Heart	
Arteriolar Nephritis	about

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George N. Pinckney M. D.

(Address) Provident Hosp

26677 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 F 26677

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4116 Hayward Ave 28-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Henry Tucker
(a) Residence: No. 4116 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: White
5. Single, Married, Widowed, Divorced (write the word): Married.
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate L. Tucker
6. DATE OF BIRTH (month, day, year): Apr. 9 1848
7. AGE: Years 88 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cooper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Kimball & Tyler
10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Leghorn Italy.
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Italy.
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Italy
17. INFORMANT: Miss Dora Tucker
(Address) 416 Hayward Ave.
18. BURIAL, CREMATION, OR REMOVAL: Place St. John's Ellicott City Date Aug 22, 1936
19. UNDERTAKER: Chas. Fleischmann Sons
(Address) North & Paca Aves.
Filed 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 20. 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Aug 20 1936
I last saw him alive on 8/19 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	10-15 yrs
Gradual senility degeneration	
Other contributory causes of importance	

Was an operation performed? NO Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was tissue examined by microscopy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify
(Signed) Henry Tucker M. D.
(Address) 3902 Groveland Ave.

26678

HEALTH DEPARTMENT—CITY OF BALTIMORE

26678

CERTIFICATE OF DEATH

x59

1. PLACE OF DEATH St. Agnes Hospital 25-1 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkins & Caton Ave. Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Connelly

(a) Residence: No. 1210 Maryland Ave. N.E. St., Washington, D.C. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Daniel J. Connelly

6. DATE OF BIRTH (month, day, year) Dec. 9-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John E. Tevark

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sally Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Florence Kelly

(Address) 1920 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug 24. 1936

19. UNDERTAKER Leo Lightner & Sons

(Address) Lafayette Ave.

Filed 19 Registrar

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1936. to Aug. 21, 1936

I last saw him alive on Aug. 21, 1936 Death is said to have occurred on the date stated above, at 9:18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Diabetes Mellitus	1931
Diabetic Coma	8/17/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) L. G. Llewelyn M. D.

(Address) St. Agnes Hospital

F 26679

6679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 142-a-1223

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adelie Lovelace

(a) Residence: No. 3786 Hanover, Md. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced (or) WIFE of Ober Lovelace

7. DATE OF BIRTH (month, day, year) 5/6/1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halifax Virginia

13. NAME Sam Moses

14. BIRTHPLACE (city or town) (State or country) Halifax Virginia

15. MAIDEN NAME Ida Richardson

16. BIRTHPLACE (city or town) (State or country) Halifax Virginia

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Port Republic Cem. Aug 23

Place

19. UNDERTAKER Adolphus Hall Funeral Home

(Address)

AUG 22 1936

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/36

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1936 to August 19, 1936

I last saw her alive on August 19, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	8/16/36
Peritonitis,	?
Paralytic Ileus	8/14/36
Other contributory causes of importance:	
Ruptured Ectopic Gestation	?
Secondary Anemia	

Was an operation performed? Yes Date of 8/13/36

For what disease or injury? Ruptured tubal Pregnancy & fetus

Name of operation Removal of Ruptured Tube Date of ?

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Lafont M. D.

(Address) 822 N. Broadway

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

26680

CERTIFICATE OF DEATH

26680 X ✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 Sarah Ann St., 4-Z Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 7 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sadie Green

(a) Residence: No. Belview Talbott Co. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Green

6. DATE OF BIRTH (month, day, year) 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Solon Nickols

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emmie NotKnown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carle Green

(Address) Belview Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Belview Md Date Aug 22 1936

19. UNDERTAKER Newnam & Harrison

(Address) St. Michaels Md

Easton Md

20. FILED AUG 22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Of Lungs	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R. K. Gallion M. D.
Coroner

(Address) 2757 E. Monument

F 26681

M. D. B 1268-9

26681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 McCulloh St., 11-4 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Williamson

(a) Residence: No. 921 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): ✓ Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Colored, unknown, about 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 20 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Pinkey Jones

(Address) 921 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Date Aug 23 1936

Place Mt. Auburn Cem.

19. UNDERTAKER Theodore Hobert

(Address) 921 McCulloh St.

20. FILED Aug 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or inquiry) find that said deceased came obtained by said ..... (Inquest, Autopsy or inquiry) 8:30 PM, death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hann M. D.
Coroner

(Address) 624 Hanover

26682 HEALTH DEPARTMENT—CITY OF BALTIMORE 26682

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Warwick Ave St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Stump Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 1812 Warwick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Mary L. Stump

DATE OF BIRTH (month, day, year) May 10-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Carroll Co Md

13. NAME OF FATHER Lenord Stump

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME OF MOTHER Susan Fitz

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mary L. Stump

(Address) 1812 Warwick Ave

18. DISPOSITION: BURIAL, CREMATION, REMOVAL

Manchester Date Aug 23. 19

19. UNDERTAKER A. E. Marshall

(Address) 3539 Falls Rd

Registrar.

AUG 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936 to Aug 20, 1936

I last saw him alive on Aug 20, 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 Yr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) Robert H. Davis M. D.

(Address) 1020 N. Charles

F 26683

6683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Brentwood Ave. St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Greseley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1713 Brentwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): August 19-1936

7. AGE — Years: — Months: — Days: 2 — If LESS than 1 day ... hrs. or 55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): .....

FATHER

13. NAME: Harry Greseley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Emma Clark

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Harry M. Greseley

(Address) 1713 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 8-22- 1936

19. UNDERTAKER: Bayne & McGinnis & Knight

(Address) 1218 N. Eden Ave

Aug 22 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19-36, 19..., to 8-21-36, 19...

I last saw him alive on 8-21-36, 19... Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
asphyxia ??	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, [illegible] Hopkins Hospital

(Signed) Irvin Woolridge, Jr., M. D.

(Address) .....

Mfp. B 21683

F 26684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26684

86

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Elliott St. 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs., ... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Kaniecki

If U. S. Veteran specify WAR .....

(a) Residence: No. 2722 Elliott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) March 11 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Peter Kaniecki

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Jennie Zaranska

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs. Jennie Kaniecki

(Address) 2722 Elliott St

18. BURIAL, CREMATION, OR REMOVAL Holy Rosary Date Aug 22 1936

19. UNDERTAKER Walter J. Fitzkowski

(Address) 1000 S. Kenwood Ave

20. FILED Aug 22 1936

Awaiting for Witnesses to Sign

22193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Probably pulmonary embolism	
(Found dead in bed)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1016 S. Wolfe St

M. D. B. 1268-9

Anderson Walter

F 26685

26685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 S. Highland ave. 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryanna Halecek

(a) Residence: No. 1106 S. Highland ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1st 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Elizabeth Jasinski

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT George ~~Jas~~ Halecek

(Address) 1106 S Highland ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Aug 22 1936

19. UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern ave

AUG 22 1936

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1936 to Aug 21, 1936

I last saw he[r] alive on Aug 21, 1936 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	Aug

Other contributory causes of importance:

Hydrocephalus
Spina Bifida

Name of operation None Date of ---

What test confirmed diagnosis? Clinical Was there an autopsy? ---

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 3001 Shannon Drive

26686 F 26686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH South Baltimore General Hospital. 24-3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Lloyd.

(a) Residence: No. 135 East Pittings Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) 3/21/35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 year	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Low St Lloyd

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Stella Stupe

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Father
(Address) 135 E Pittings St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 8/22/36

19. UNDERTAKER S. J. Zoppi & Sons
(Address) 1318 Light St.

8/22/1936 Registrar Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936 19..... to August 22, 1936
I last saw h alive on August 22, 1936 Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Unknown
Other contributory causes of importance:	
Bronchopneumonia, terminal	8/21/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.

(Address) .....

F 26687

26687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 9-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Seals.

(a) Residence: No. 302 S. Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 8/19/36.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	-	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mr. Charles Seals.

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Lillian Duncan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Seals

(Address) 302 S Bruce st

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 8/22 1936

19. UNDERTAKER Geo A Fahey

(Address) Fulton & Fayette

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/36 19

22. I HEREBY CERTIFY, That I attended deceased from 8/20 1936 to 8/22/36 1936

I last saw him alive on 8/22 1936 Death is said to have occurred on the date stated above, at 2:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Bronchopneumonia	
Hypostatic Lungs H Pleurisy	

Other contributory causes of importance: Chronic Patent Ductus Arteriosus & Status Lymphaticus

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D.M. Dipson M.D. M. D.

(Address)

26688 F 26688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 364 Mt. Olivet St. Lane 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. c mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ANNIE E REIN

(a) Residence: No. 364 Mt. Olivet Lane Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W. Rein

6. DATE OF BIRTH (month, day, year) Mar 13 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	6	5	2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME August Bruecher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Amelia Reinhold.
(Address) 364 Mt. Olivet Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug. 22 1936

19. UNDERTAKER C. B. Pickett & Son
(Address) 300 Eutaw Place

Filed Aug 21 1936 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936 to Aug 18 1936

I last saw her alive on Aug 18 1936 Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indefinite
Other contributory causes of importance:	
Cardiac decompensation	2 weeks

Was an operation performed? uu Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? uu

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) F. T. Rogers M. D.

(Address) 3521 Fredericks Ave

F 26689 F 26689

26689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Park Ave St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edith M. Lewis

(a) Residence: No. 1725 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles Lewis

6. DATE OF BIRTH (month, day, year) Aug 14 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63-65	65	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kilmarnock Va

13. NAME Mathew Donahue

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Shackelford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dorothy M. Smith

(Address) 1725 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 8 24 1936

19. UNDERTAKER [illegible]

(Address) 124 St Paul St

20. FILED ..... 19 ..... Registrar

AUG 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Aug 21 1936

I last saw her alive on Aug 21 1936 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver + both breasts	1934

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard E. Beach, M. D.

(Address) 2229 St Paul St.

F 26690

M. D. B 1268-9

F 26690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., J-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Anna D. Wolf

(a) Residence: No. 733 S. Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of John Wolf

6. DATE OF BIRTH (month, day, year) Feb. 5, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6 8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Wolf

(Address) 733 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 24 1936

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

[illegible] 1936 Huntington Williamson Mort. 1064

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and from information (Inquest, Autopsy or Inquiry)

to me, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/21, 1936

Where did injury occur? 733 S. Ann St. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on stairs Second Story

Nature of injury Wounds.

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Schenker M. D. Coroner

(Address) 1918 E. North Ave.

F 26691

F 26691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Pontiac Ave) (Ward) Brooklyn 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War

2. FULL NAME Eliza Reinhardt

(a) Residence: No. 200 Pontiac St., Ward.
(Usual place of abode) 50
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Reinhardt

3. DATE OF BIRTH (month, day, year) May 21 1864

6. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, day, year) Aug 8 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Robert Kelsall

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Farside

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John Reinhardt
(Address) 200 Pontiac Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 24 1936

19. UNDERTAKER William Cook
(Address) 217 E. Paul St.

20. FILED [illegible] 1936

31936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/36

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1936 to 8/22/36 19

I last saw her alive on 8/22/36 19 Death is said to have occurred on the date stated above, at 8 20/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

Hypertension
Chronic enlargement

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) S Rubin, M. D.
(Address) 203 Baltzer Ave

F 26692

M. D. B. 1268-9

26692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Hennaman Ave St., E-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Lee Casey

(a) Residence: No. 2234 Hennaman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Rutledge Casey

6. DATE OF BIRTH (month, day, year) Aug 4, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife, at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Bel Air Maryland

MOTHER FATHER

13. NAME Charles Thomas Eslay

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

15. MAIDEN NAME Annie Roberta Keith

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Benjamin Eslay

(Address) 2416 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Aug 24 1936

19. UNDERTAKER Wm. Cook

(Address) 217 St. Paul St.

20. Filed 23 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1936 to Aug 21 1936

I last saw her alive on Aug. 21 1936 Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	2 yrs.
Chronic Interstitial nephritis	4 yrs.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Karl Grossman M. D.

(Address) 1212 N. Patterson Park ave.

F 26693

F 26693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No. St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Rivlin

(a) Residence: No. 1737 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Harry Rivlin

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 7/36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Moses Rivlin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Date 8/23/36

19. UNDERTAKER Jacob Lewis Inc. (Address) 1439 E. Balto St.

20. FILED Aug 23 1936 H. Eugene Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/19, 1936 to 8/22, 1936

I last saw her alive on 8/22, 1936 Death is said to have occurred on the date stated above, at 8:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V.R. Disease	
Cardiac Asthenia	

Other contributory causes of importance:

Cardiac Arrhythmia (Auricular Fibrillation)	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel Wilson Jr. M. D.

(Address) (4215 Tembill Drive) Sinai Hospital

H. D. B. 1268-9

F. 26694

26694 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Attleboro St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Walters

(a) Residence: No. 515 Attleboro St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 8-27-36

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Boswell Walters

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Ruth Wright

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Boswell Walters
(Address) 515 Attleboro St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8-24, 1936

19. UNDERTAKER: Bernard C. Harris
(Address) 121 E. West St

29 1936 ... for ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-27-36

22. I HEREBY CERTIFY, That I attended deceased from 8-27-36 to 8-27-36, 19...

I last saw her alive on 8-25-36. Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure of Governors as all to close & stop (Heart failure)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, ...

(Signed) Clifford Graves M.D.
(Address) 515 Attleboro St

F 26695

26695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1, 31

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Robb St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa I. Gordon.

(a) Residence: No. 2600 Robb St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Gordon

7. DATE OF BIRTH (month, day, year) May 24th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

13. NAME Charles Milske

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Werner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Daughter
(Address) 2600 Robb ST

18. BURIAL, CREMATION, OR REMOVAL Place Redeemer Date 8/23/36 19

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811, N. Wolfe St.

Filed ... 19 ... Registrar

AUG 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21st 36 19

22. I HEREBY CERTIFY, That I attended deceased from May, 19 36 to August 21, 19 36

I last saw h... alive on Aug 21, 19 36 Death is said to have occurred on the date stated above, at 5 P. m. 2.50 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebro. Hem. - Disease. — Date of onset

Other contributory causes of importance:

Trauma

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Lewis Krause, M. D.

(Address) Med. Art Bldg.

GLICKMAN F 26696

F. 26696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 N. Pulaski St. 15-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Glickman

(a) Residence: No. 2419 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 48 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: David Lewin

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Etta

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 8/23/36

19. UNDERTAKER: Jay E. Levi & Bro.
(Address) 1439 E. Baltimore St.

AUG 23 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Aug. 22, 1936.

I last saw her alive on Aug 22 1936. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Adeno-Carcinoma Liver — Date of onset

Other contributory causes of importance:

Cachexia

Was an operation performed? Yes. Date of May 14-1936

For what disease or injury? Exploratory & Biopsy.

Name of operation same. Date of May 14.

What test confirmed diagnosis? Operation. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Anthony V. Buchanan M. D.

(Address) 37 N. Stricker St.

M. D. B. 1268-B

E 26697.

E 26697. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 E Lombard St., 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas H Wagner

(a) Residence: No. 1619 E Lombard st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wagner

6. DATE OF BIRTH (month, day, year) July 16, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Wagner

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Annie Wagner
(Address) 1619 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 8/24/36

19. UNDERTAKER J Hennessy Son
(Address) 32 S. Broadway

20. FILED 19 [illegible] Registrar

231550

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1936, to Aug. 20, 1936

I last saw him alive on Aug. 20, 1936. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/10/36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Exam. Was there an autopay? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Feldman M. D.

(Address) 16 S. Broadway

F 26698

F 26698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 E Balto St. 2-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sol Greenfeld

(a) Residence: No. 1715 E Balto St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline

7. DATE OF BIRTH (month, day, year): 1870

8. AGE: Years 66 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 1930

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): austria

13. NAME: Louis Greenfeld

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Sara Esther Zeltzer

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Samuel Greenfeld

(Address) 1715 E Balto st

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Place ..... Date Aug 23 1936

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED Aug 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1933 to 8/22 1936

I last saw him alive on 8/22 1936 Death is said to have occurred on the date stated above, at 8:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	8/14/36

Other contributory causes of importance:

General arteriosclerosis	1925
Hypertension	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Zinter, M. D.

(Address) 1320 Eutaw Pl

F 26699

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26699

CERTIFICATE OF DEATH

-1/183-

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Off Masonville. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leon Neal.

(a) Residence: No. 237 S. Dallas St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 22, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leon Neal.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Annie Jones.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Annie Neal. (mother)

(Address) 237 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug 24 19 36

19. UNDERTAKER Wardell Hupper

(Address) 1405 Eutaw St.

FILED AUG 26 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning	
while in swimming.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? Inquiry

Name of operation None Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/20/36

Where did injury occur? Off Masonville Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury In swimming.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

8/22/36 (Address) 1017 S. Charles St.

M. D. B 1268-9

F 26700

F 26700 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26700

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 6-5-108 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Towson.

(a) Residence: No. 510 D Street (Usual place of abode) Sparrows Point, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ethel Towson.

6. DATE OF BIRTH (month, day, year) Feb. 10, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30 yr	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Pt., Md.

13. NAME Thomas Towson.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Dulcie McCauley.

16. BIRTHPLACE (city or town) (State or country) Sparrows Pt., Md.

17. INFORMANT Husband Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date 8/25/36

19. UNDERTAKER Chas. F. Lemmy.

(Address) 745 Fayette St.

20. FILED ... 19 ... Registrar.

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1936. to August 23, 1936.

I last saw him alive on August 23, 1936. Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, Type I. — Date of onset 8/16/36

Other contributory causes of importance:

Septicemia, Pneu. Type I.

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) John A. Myers. M. D.

(Address) Church Home & Inf.

F 26701

26701 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2681 Dulaney St. 70-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary O. Sieber

(a) Residence: No. 2681 Dulaney St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Sieber

DATE OF BIRTH (month, day, year) Sept 21-1845

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
90	11	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) France

13. NAME Ophel Lavesia

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. Geo Sieber
(Address) 2681 Dulaney St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug-24-36
Ltd.

19. UNDERTAKER E. S. Rippert & Son
(Address) 1201 E. Fayette Place

FILED Aug 24 1936 Registrar

23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1936 to August 21, 1936
I last saw him alive on 8/21/36, 19... Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	8/21/36
Other contributory causes of importance: Bronchial Asthma	8/1/36

Was an operation performed? ...Date of...
For what disease or injury?
Name of operation... Date of...
What test confirmed diagnosis? ...Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
...If so, state...

(Signed) Shepherd Dranr, M. D.
(Address) 1127 West Baltimore

F 26703

D. B. 1268-2

26702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6105 Biltmore St., Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry G. Lobe

(a) Residence: No. 6105 Biltmore Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced
HUSBAND (or) WIFE Minna J. Lobe

DATE OF BIRTH (month, day, year) June 30, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Phillip Lobe

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Mary Goldheim

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mrs. Minna J. Lobe
(Address) 6105 Biltmore Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Chev Shalom Cem. Date Aug 24 1936

19. UNDERTAKER Haird Sondheim & Co.
(Address) 1902 Eutaw Pl.

[illegible] Stevenson Williams [illegible]

G 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1936 to Aug 22, 1936

I last saw him alive on Aug 22, 1936 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 18 36 4 Days
Other contributory causes of importance:	
Cerebral Hemorrhage (with Hemiplegia)	about 13 yrs ago

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ~~Temple Gordon M.D.~~ J. Frederick Lentz M. D.

(Address) Temple Gordon Apts.

F 26703

26703 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Estep

(a) Residence: No. Brookville, Md St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	MARRIED

6. If married, widowed, or divorced, HUSBAND of (~~or WIFE~~ of) Carrie Estep

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 15 years. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co.

13. NAME Richard Estep

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Carrie Wise.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lapidum Baptist Date Aug 24 1936

19. UNDERTAKER Robert L. Snowden

(Address) Brooklyn Md

AUG 24 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/20 1936 to 8/22 1936

I last saw him alive on 8/22 1936. Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure - ANASARCA	7/A/36
Arteriosclerosis	
	over

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? EKG & X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter N. Gerwig, Jr. M. D.

(Address) University Hospital

M. D. F. 1268-9

26704

F 26704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ora L. Weedon

(a) Residence: No. 1306 W. Lexington St., Ward. No Record

(Usual place of abode) 40 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~78~~	78	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired City of Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Talbott Co Md

MOTHER FATHER

13. NAME John H. Weedon

14. BIRTHPLACE (city or town) (State or country) Talbott Co Md

15. MAIDEN NAME Mary Ann Townsend

16. BIRTHPLACE (city or town) (State or country) Talbott Co Md

17. INFORMANT Edward P Weedon

(Address) 112 Ashburn Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Eastridge Md Date Aug 24 19 36

19. UNDERTAKER William Cook

(Address) 217 E Saint Paul St Balto

20. FILED Aug 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28 1936 to Aug 22 1936

I last saw h.e alive on Aug 21 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	

Other contributory causes of importance:

Chronic Myocarditis	
Papilloma Cystadenoma (Ovary)	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Goodwin M. D.

(Address) Franklin Square Hospital

S. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 26705

26705

CERTIFICATE OF DEATH

15-2 / 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 N. Fulton St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Abbott

No Record

(a) Residence: No. 1914 N. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

6. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Alexander Abbott

7. DATE OF BIRTH (month, day, year) Oct 29th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Torrington

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Tull

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ada Geyer

(Address) 1914 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 25th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 1936 to Aug 23 1936

I last saw her alive on Aug 24 1936. Death is said to have occurred on the date stated above, at 8.20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	-
Chronic Myocarditis	-
Chronic Nephritis	
Other contributory causes of importance:	
Uremia	Aug 23

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd E. Taylor M. D.

(Address) 3957 Gorsuch Ave.

F 26706

26706 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH Saint Agnes' Hospital, Registered No.
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs. Elizabeth Golaner, If U. S. Veteran specify WAR No Record
(a) Residence: No. 612 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ (or) WIFE of Jacob Golaner

6. DATE OF BIRTH (month, day, year) Mar 16 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Mueller
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Margaret V.
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence Day
(Address) 612 N. Appleton St
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Aug 26 36
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. Filed [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936 to Aug 23, 1936
I last saw her alive on Aug 23, 1936 Death is said to have occurred on the date stated above, at ~~2:45~~ 2.45 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerosis	1930
Chronic Glomerular Nephritis	1934
Noma of Mouth	
Cardio Vascular Heart Failure	8/21/36

Other contributory causes of importance:
Diabetes Mellitus

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) P. H. Llewelyn M. D.
(Address) St Agnes Hospital

F 26707.

26707 HEALTH DEPARTMENT—CITY OF BALTIMORE

106-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5102 Elmer Ave St. 27-16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Perry If U. S. Veteran specify War No Record

(a) Residence: No. 5102 Elmer Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of William Perry

DATE OF BIRTH (month, day, year) July 27th 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation ~~X~~

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Willing Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Katie E. Stapf

(Address) 5102 Elmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 25th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Aug 22, 1936

I last saw h[illegible] alive on Aug 22, 1936. Death is said to have occurred on the date stated above, at 10.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	over
Arterio Sclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Miles Woolley M. D.

(Address) 2129 W Fayette Ave

M. D. B 1268-9

F 26708

F 26708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓191

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 E. Hoffman St. St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Sauerland If U. S. Veteran specify WAR No

(a) Residence: No. 2318 E. Hoffman St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Sauerland.

6. DATE OF BIRTH (month, day, year) July 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Balto

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Minnie Sauerland

(Address) 2318 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Aug 25 1936

19. UNDERTAKER Guy Cook

(Address) 1217 St Paul St

20. [illegible] Lexington Williams Co

AUG 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Heart Prostate.	old

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Wheeler M. D.

Coroner

(Address) 1918 E. North ave.

H. D. B. 1367-A

26709

F 26709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH West Balto. General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lutseland Ed Fayette St., 7 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Cohen

(a) Residence: No. 3216 West Garrison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty

DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sonda —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Cohen

(Address) 3216 W Garrison ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date Aug 24 19

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

AUG 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23/36 19

22. I HEREBY CERTIFY, That I attended deceased from 8/20/36 19 to 8/23/36 19

I last saw him alive on 8/23/36 19 Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/20/36

Other contributory causes of importance:

generalized Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Alexi M. D.

(Address) West Balto. General Hosp.

F 26710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26710

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 S. Sharp St. St. 22-2 Ward)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie E. Jenkins.(c) If U. S. Veteran specify WAR .....

(a) Residence: No. 840 S. Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 12,1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Jenkins(c)

14. BIRTHPLACE (city or town) (State or country) British W.I.

MOTHER

15. MAIDEN NAME Margaret Johnson(c)

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Margaret Jenkins(c) mother

(Address) 840 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 24 1936

19. UNDERTAKER James A Stalings

(Address) 642 Druid Hill Ave

... Registrar.

AUG 24 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22,1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

8/22/36 (Address) 1017 S. Charles St.

F 26711

F 26711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah Chester

(a) Residence: No. 937 N. Durham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

DATE OF BIRTH (month, day, year) 2/3/1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	6	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0887

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Jeremiah Chester

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Rebecca Barnes

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 25 1936

19. UNDERTAKER Mrs R. A. Elliott & Daughter
(Address) 1124 N. Caroline

20. FILED 1936 Registrar

24 Estelle Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1934 to 8-20 1936

I last saw h/M alive on 8-20 1936 Death is said to have occurred on the date stated above, at 8½ P m.

The principal cause of death and related causes of importance were as follows: 1071

	Date of onset
Bronchopneumonia (Primary)	8-17-36
Decubitus Ulcus 1538	May 1936
Cerebral Hemorrhage (Bilateral) 8321	1933
Other contributory causes of importance: 930	many years
Hypertensive Cardio-Vascular Disease 971	
Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospital

F 26712

26712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 16475

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Harris

(a) Residence: No. 523 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nola

DATE OF BIRTH (month, day, year) 12/15/1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Edward Harris

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Julia Branch

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Smithfield Date 8/25 1936

19. UNDERTAKER Thomas C. Kelly
(Address) 1303 Presstman St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1936 to 8-21 1936

I last saw him alive on 8-21 1936 Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Lobar Pneumonia	8-14-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.
(Address) Baltimore City Hospital

4 1936

F 26713

26713 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 McCulloh St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Cook

(a) Residence: No. 1422 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) UNKNOWN

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Approx	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Cook

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME Henrietta Gaines

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Mary Cook - niece

(Address) 1422 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/24 19 36

19. UNDERTAKER Robert L. Gorsuch

(Address) 804 W. Caroline St

AUG 24 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1936 to 8-21 1936

I last saw h. alive on 8-21 1936 Death is said to have occurred on the date stated above, at 7:35 m. a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis Uremia	?
Other contributory causes of importance:	
arterio-sclerosis	?
chr. myocarditis	?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Rayner Thorner M. D.

(Address) 1500 E. Madison St

F 26714

Cor. 10-10-29 1 Co. 100 Bks.

F 26714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph's Hospital St., 13-6 Ward)

2-FULL NAME William E. Belt

(a) RESIDENCE NO. 3538 Hickory Ave. St., I3 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. I mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 2I, I866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	I	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John R. Belt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura A. Richards

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Edna L. Brannan
(Address) 4000 Dorchester Road

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2I, I936 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat Prostration.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Paul Schenken, M. D.
. 19 (Address) 1918 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden

DATE OF BURIAL Aug. 24 19 36

20 UNDERTAKER Horace F. Burgee

ADDRESS 363I Falls Rd.

F 26715

26715 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓9

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME David C. Belt

(a) Residence: No. 9 S Arlington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 17 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harry T Belt

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Edna Crose

16. BIRTHPLACE (city or town) (State or country) Alexandria Ind.

17. INFORMANT Mother
(Address) Son

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Pa. Date Aug 20 1936

19. UNDERTAKER Tilly & Zeuler
(Address) 4 N & S Monroe

20. FILED ..... 19..... [illegible] Registrar

AUG 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936, to Aug 23, 1936

I last saw him alive on Aug 23, 1936 Death is said to have occurred on the date stated above, at 1-05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	8-10-36
Broncho pneumonia	8-20-36
Other contributory causes of importance: Mongolism	birth

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J Schwentker, M. D.

(Address) .....

F 26716

26716 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 70-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Dominic Larkin

(a) Residence: No. 15 Gorman Ave St., Balto Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Larkin

DATE OF BIRTH (month, day, year) 9-16-1884

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street railway

10. Date deceased last worked at this occupation (month and year) (?)

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Dominic Larkin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Margaret Boyle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date 8/25/ 1936

19. UNDERTAKER John J. Coulter & Son

(Address) 901 Hollins St.

FILED ...19... Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-20 [redacted] 1936 to 8-21 1936

I last saw h[redacted] alive on 8-21 1936. Death is said to have occurred on the date stated above, at 11:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right upper & middle lobes	8-16-36
Other contributory causes of importance: generalized arteriosclerosis	1910(?)
Benign prostatic hypertrophy	1930(?)

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) J. F. Ryman, M. D.

(Address) Mercy Hospital

F 26717.

26717.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Teresa Brooke

(a) Residence: No. # 1820 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME James L. Brooke

14. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

MOTHER

15. MAIDEN NAME Mary E. Dolan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Mrs Mary E. Brooke
(Address) # 1820 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8 / 24 / 1936

19. UNDERTAKER John J. Cowan & Son
(Address) #901 Hollins Street

29. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22nd, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Brancho Pneumonia	
Other contributory causes of importance: Malnatrition, Rickets, Scurvy	9 Mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos H. Kholler M. D.
Coroner

(Address) 939 Edmondson Ave

F 26718

26718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

12749

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis A. [illegible] Elias

(a) Residence: No. 624 Sarah Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael

DATE OF BIRTH (month, day, year): 12-25-1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pittsburg, Pa.

13. NAME: Thomas H.

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Susie Smith

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Aug 25/36

19. UNDERTAKER: Adolphus Gabriel

(Address) [illegible]

4 1936

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1930 to 8-22, 1936

I last saw him alive on 8-22, 1936 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 8-20-36

Other contributory causes of importance:

Arteriosclerosis — Unk

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John F. Ramey M.D.

(Address) Baltimore City Hospitals

V 26719

26719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 15028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1933 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thesbeth Watson (Elizabeth)

(a) Residence: No. 823 N. Bond St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 5-17-1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Fields Tucker

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dennston Va Date 8/25 19 36

19. UNDERTAKER Rayner Saunders
(Address) 1413 E. Preston St

20. FILED 19 Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-7 . 1936 to 8-20 . 1936

I last saw her alive on 8-20 . 1936 Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess, Rt	8-5-36
Lobular Pneumonia, Bilateral	8-5-36
Other contributory causes of importance Carcinoma of Stomach	Unknown

Was an operation performed? yes Date of 7-22-36

For what disease or injury? Carcinoma of Stomach & Pyloric obstruction

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Carpenter, M. D.

(Address) Balto. City Hosps.

F 26720

F 26720

317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-W Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Michael Delvecchio – Della Vecchia

(a) Residence: No. 921 Fawn St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Felice

DATE OF BIRTH (month, day, year) Sept 17 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME of [illegible]

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME –

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 25. 1936

19. UNDERTAKER Martin E. Deegan
(Address) 31 S. Amity St.

20. FILED 1936 Registered.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18. 1936 to Aug 22. 1936

I last saw h in live on Aug 22. 1936 Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 18.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) P. H. Hartman M. D.

(Address) Johns Hopkins Hospital

26721 F 26721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Harcum (alias Barber) If U. S. Veteran specify WAR

(a) Residence: No. 807 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 22 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Stanley Barber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Viola Harcum

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug. 24. 1936

19. UNDERTAKER J. H. Brooks.
(Address) 1463 W. Carey St.

FILED AUG 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1936 to Aug 22, 1936

I last saw him alive on Aug 22, 1936. Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	8-6-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Tuberculin test & lumbar puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address)

M. 26732

F 26722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lying Hospital 25-210-4 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Muller If U. S. Veteran specify WAR

(a) Residence: No. 332 Paulard Ave St., Glenburnie Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-19-26

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lying Md

FATHER

13. NAME Peter H Muller

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Rachel Mack

16. BIRTHPLACE (city or town) (State or country) Austria-Hungary

17. INFORMANT Peter H Muller (Address) Paulard Ave Glenburnie Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date 8/25 19 36

19. UNDERTAKER Margaret E Flynn (Address) 1422 Light St

FILED 19 Registrar.

G 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Internal Injuries	8/22

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/22 19 36

Where did injury occur? Hard Blvd Bridge - 3400 Blk (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway - Bridge Crossing

Manner of injury Jumped off moving train

Nature of injury Both Legs Amputated

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Gruby Coroner M. D.

(Address) 207 N Charles St

F 26723

F26723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) (23-1 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara B Mens

(a) Residence: No. 1041 S. Stark St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Clara Burns

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles A Mens

(Address) 1041 S Stark St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 24 1936

19. UNDERTAKER Jacob L Brown Son

(Address) 1050 Mount Ave

20. FILED Aug 24 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Pulmonary edema

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) H. M. Wright Coroner, M. D.

(Address) 1041 S. Stark St

F 26724

M. D. B 1268-9

F 26724 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) Union Memorial St. (Ward) 25

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Jones If U. S. Veteran specify WAR .....

(a) Residence: No. 1224 N. 36th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Margaret Jones.

6. DATE OF BIRTH (month, day, year) Feb. 28 1887.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49.	5.	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME David H. Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Lockner.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Harvey Jones.
(Address) 3990 Roland ave

18. BURIAL, CREMATION, OR REMOVAL St Mary's Hampden Date aug. 25 1936

19. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave.

AUG 24 1936 ..... 19 ..... Registrar.

E. Lyon Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereof and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilated Heart -	?
Congestive Heart failure	8/22/36
Other contributory causes of importance:	over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Obtained Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. H. Diedenhorst M. D.
Coroner

(Address) ...

F 26725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

Registered No. 26725

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 26-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann Ulrich

(a) Residence: No. 601 Glendale St., Case Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/17/79

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 6-6	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. H-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Geo. Kistner

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise Knapp.

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date Aug 24 19 36

Place [redacted]

19. UNDERTAKER [redacted] Ulrich

(Address) [redacted] 008 Orleans

20. FILED AUG 24 1936 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936 to Aug 21, 1936
I last saw her alive on Aug 21, 1936 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset June 1936

~~Cerebral~~ Encephalitis

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/17/36

For what disease or injury? Cerebral

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward S. Stuffer M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26726

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Love Rutter

(a) Residence: No. 1514 ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: black
5. Single, Married, Widowed, or Divorced (write the word): married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): 11/28/98
8. AGE: Years 37 | Months 8 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Pa
13. NAME of father: unknown
14. BIRTHPLACE (city or town) (State or country): "
15. MAIDEN NAME of mother: Hattie Johnson
16. BIRTHPLACE (city or town) (State or country): Va
17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place Glochester Va Date Aug 26 1936
19. UNDERTAKER: Eppes Bros
(Address) 1334 Penn Ave
20. FILED Aug 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Aug 22 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1936 to Aug 22 1936.
I last saw her alive on Aug 22 1936. Death is said to have occurred on the date stated above, at 9.05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus.	Aug. 21
gastro-enteritis, cause unknown	
Other contributory causes of importance:	
Hysteromyomectomy. Appendectomy.	Aug. 18
Salpingo-oophorectomy, right.	

Was an operation performed? yes. Date of Aug. 18.
For what disease or injury? Myoma.
Salpingitis, chronic.
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Samuel Alexander Gray, M. D.
(Address) Johns Hopkins Hospital

AdCo. 5-31 250B

26727. F 26727.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 291 Gay St. St. 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Bauer

(a) Residence: No. 520 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Bauer.

7. DATE OF BIRTH (month, day, year) Oct 23 1861

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	9	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Phillip Bauer

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME of mother

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Keeley
(Address) 291 Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Valley Cemetery Date 8 25 1936

19. UNDERTAKER J. J. Baker & Son
(Address) 1315 Eutaw St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1936 to August 22, 1936
I last saw him alive on August 22 1936 death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lower Sigmoid	Oct. 35
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert G. Simpson Jr. M. D.

(Address) 16 E. Lexington Ave.

26728

HEALTH DEPARTMENT—CITY OF BALTIMORE

26728

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 11-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Audrey Ashley

(a) Residence: No. 1011 Druid Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 30, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Theodore Ashley

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Ida Ruff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother Same

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug 24, 1936

19. UNDERTAKER R. C. Richardson

(Address) 1120 David Hill Ave Huntington Williams, W. Va.

Registrar

AUG 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug 21, 1936

I last saw her alive on Aug 21, 1936 Death is said to have occurred on the date stated above, at 11 45/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	8-10-36
Other contributory causes of importance: Cerebral birth injury (spastic diplegia)	birth

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J. Schwentker, M. D.

(Address)

F 26729

F 26729 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 124-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse D Laupheimer If U. S. Veteran specify WAR

(a) Residence: No. 48 Market Space St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) February 23, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	51	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Life Ins. Co

10. Date deceased last worked at this occupation (month and year) May 1918

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME David Laupheimer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Luther

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Jesse Laupheimer

(Address) 48 Market Space.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date August 24 1936

19. UNDERTAKER Jos Block

(Address) 1003 W. Baltimore St.

FILED 19 Registrar

24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1936, to August 22, 1936

I last saw h in alive on August 22, 1936 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Unknown
Esophageal Varices c bleeding	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. H. Gillis, M. D.

(Address) Mercy Hospital.

26730

F 26730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Park Avenue St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Roberta A. O'Neill

If U. S. Veteran specify WAR .....

(a) Residence: No. 1731 Park Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas O'Neill

7. DATE OF BIRTH (month, day, year) Feb. 13, 1850

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John F. LeBrun

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth M. Aitken

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Loretta Hall

(Address) 1731 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 8/25 36

19. UNDERTAKER Henry H. Mears & Son

Address 1300 N. Calvert St.

AUG 24 1936

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1934 to Aug 21 1936

I last saw her alive on Aug 20 1936 Death is said to have occurred on the date stated above, at 1 a.m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
Myocarditis	

Other contributory causes of importance:

Was an operation performed? ✓ Date of .....

For what disease or injury? ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. J. Turley M. D.

(Address) 110 E Northwood

F 26731

HEALTH DEPARTMENT—CITY OF BALTIMORE F 26731

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 26-8 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Sprezian

(a) Residence: No. 3805 Fort Pleasant av Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Irene

DATE OF BIRTH (month, day, year) 11-19-12

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tire Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tire Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Virginia Poppareito

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer C Date Aug 26 1936

19. UNDERTAKER Frank Wells Kane

(Address) 52 N. Monday St.

20. FILED Aug 26 1936 Harrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug 23, 1936.

I last saw him alive on Aug 23, 1936. Death is said to have occurred on the date stated above, at 350 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 17.
	Aug

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James A. Haviland M. D.

(Address) the Johns Hopkins Hospital

H. D. B. 1268-b

F 26732

26732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-V

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2645 Dulaney St., 70-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm James Thomas Johnson

(a) Residence: No. 2645 Dulaney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 20th 1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dello Md

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Pearl McConnell

16. BIRTHPLACE (city or town) (State or country) Dello Md

17. INFORMANT Edward Johnson

(Address) 2645 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 24 1936

19. UNDERTAKER J. B. Herbert & Son

(Address) 1405 Eutaw Place

20. FILED Aug 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to Aug 23 1936

I last saw him alive on 23 Aug 1936 10:30 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4 days
Premature Birth 7 mo.	

Other contributory causes of importance:

asphyxia	1 day

Name of operation None Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Z. Vance Hooper, M. D.

(Address) 2560 Frederick Ave

G 1936

F 26733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26733

x 192-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hosp (If not in hospital, give street and number) 33rd (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ___

2. FULL NAME Elizabeth Mueller

(a) Residence: No. 615 S. Jefferson Ave., Saginaw, Michigan
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Max W. Mueller

DATE OF BIRTH (month, day, year) Oct 8 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Lansing Michigan

13. NAME Benj F. Hall

14. BIRTHPLACE (city or town) (State or country) unknown unknown

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) not known not known

17. INFORMANT Max W. Mueller (husband)

(Address) Saginaw-Michigan

18. BURIAL, CREMATION, OR REMOVAL

Place Lansing-Mich Date Aug. 24 19 36

19. UNDERTAKER Stewart Morton Co.

(Address) 108 W. Ionia Ave.

20. FILED AUG 24 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1936 to August 23 1936.

I last saw h.. alive on August 20, 1936 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Rheumatic cardiac disease	1876
Mitral stenosis & insuffic.	"

Other contributory causes of importance:

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Howard A. Kelly M. D.

(Address) Union Memorial Hosp.

F 26734

26734 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Henry A. Donhauser

(a) Residence: No. 1815 Harford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Single.

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/3/1873

AGE Years	Months	Days	If LESS than 1 day, ~~hrs.~~ or ~~min.~~
62	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1931
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Sergt.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Henry A. Donhauser
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Catherine ?
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Wm. F. Hartung Jr.
(Address) 3106 N. Calvert St
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 8/25/36 19
19. UNDERTAKER George J. Roth Inc
(Address) 1705 Harford Ave Edmondson
Huntington 1577

AUG 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1936, to August 22, 1936
I last saw him alive on August 22, 1936. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia and acute nephritis	about 8/12/36
of toxic origin	8/21/36
Pulmonary Edema	8/22/36
Other contributory causes of importance:	
Abscess,	about 8/5/36

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury — 19—
Where did Injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Webb M. D.
(Address) 1213 Light St.

F 26735

26735 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Since Birth How long in U. S. If of foreign birth? Since Birth

If U. S. Veteran specify WAR No

2. FULL NAME Raymond Wilson Heflin, Jr.

(a) Residence: No. Union Memorial Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/21/36

7. AGE Years Months Days If LESS than 1 day — hrs. or 24 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newly born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newly born

10. Date deceased last worked at this occupation (month and year) Newly born

11. Total time (years and months) employed in this occupation Newly born

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Raymond Wilson Heflin

14. BIRTHPLACE (city or town) (State or country) Hoffit, Va.

15. MAIDEN NAME Ellen Julia Merryman

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Raymond Wilson Heflin
(Address) Stevenson Road, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Med School Date Aug 24, 1936

19. UNDERTAKER [illegible]
(Address)

[illegible] 19

Registrar.

AUG 24 1936

2547

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1936 to August 21, 1936

I last saw him alive on August 21, 1936 Death is said to have occurred on the date stated above, at 8.56 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — 5 mos. of gestation. Date of onset

Length — 25 cms.
Circ. of head — 21.3 cms.
Weight — 1 lb 2½ oz.

Other contributory causes of importance:

Inability to initiate respiratory movements.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Observation Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify If was not.

(Signed) Wm. B. Smith M. D.

(Address) Union Mem. Hosp.

M. D. F 1268-9

F 26736

26736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 614 W. Saratoga St.

CITY OF BALTIMORE: (No. 614 W. Saratoga St. St., 4-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mns. ... ds.

2. FULL NAME Domenica Fonte

(a) Residence: No. 614 W. Saratoga St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
			4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John Fonte

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Fannie Lamartina

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT John Fonte
(Address) 614 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date Aug. 24 36

19. UNDERTAKER Frank Wells Neal
(Address) 52 N Monroe St.

24 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1936 to 8-23, 1936
I last saw h[illegible] alive on 8-23, 1936 Death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolonged normal labor	2 days
Other contributory causes of importance: central hemorrhage	2 hr

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. Demarest M. D.

(Address) Medical Arts Bldg.

F 26737.

26737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16521

1. PLACE OF DEATH — Registered No. 36-11

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Budzich

(a) Residence: No. 3206 Elliott St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

DATE OF BIRTH (month, day, year) 11-1888

AGE Years	Months	Days	If less than 1 d. hrs. or min.
47	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME August

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 8-25 19 36

19. UNDERTAKER John J. Pugh
(Address) 2811 Hudson St

20. FILED 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23 19 36

22. I HEREBY CERTIFY, That I attended deceased from 8-19 19 36 to 8-23 19 36

I last saw him alive on 8-23 19 36 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon (Transverse)	Unknown
Other contributory causes of importance: Bronchopneumonia (Terminal)	8-22-36

Was an operation performed? yes Date of 4-25-35

For what disease or injury? Carcinoma of Colon

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. T. Carpenter M. D.
(Address) Balto City Hosp.

F 26738

M. D. F 1265-9

26738 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jennie R. Smith

(a) Residence: No. Easton, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 1866

7. AGE: Years 70; Months 2; Days –; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Samuel Griffin

14. BIRTHPLACE (city or town) (State or country): Talbot Co. Maryland.

15. MAIDEN NAME: Rebecca Helaby

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Spring Hill Cem. Easton Md. Date: Aug 27 '36

19. UNDERTAKER: James A. Spence

(Address) Easton Md.

AUG 24 1936 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1936, to August 24, 1936.

I last saw her alive on August 24, 1936. Death is said to have occurred on the date stated above, at 7:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis following acute appendicitis	8/20/36
Other contributory causes of importance:	

Name of operation: Appendectomy Date of: 8/23/36

What test confirmed diagnosis: Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Arthur York, M. D.

(Address) 1107 St. Paul St.

F 26739

M. D. B. 1263-9

26739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gardenia Church

(a) Residence: No. 423 N. Carrollton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced	6. DATE OF BIRTH (month, day, year)
HUSBAND of (or) WIFE of X	April 2 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
+1	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Le Roy Church

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

MOTHER

15. MAIDEN NAME Georgia Carter

16. BIRTHPLACE (city or town) (State or country) Maryland New Jersey

17. INFORMANT Leroy Church

(Address) 423 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lion cem Date August 25 1936

19. UNDERTAKER Bor H. Barbee

(Address) Pocomoke City Md

4 1936 ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (acute)	

Other contributory causes of importance:

Patient had vomiting

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright, M. D.

Coroner

(Address) 1010 S. Belnord Ave

F 26740

26740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 15463

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1918 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mike Somac

(a) Residence: No. 1534 E Pratt St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yugoslavia

13. NAME Steve (D)

14. BIRTHPLACE (city or town) (State or country) Yugoslavia

15. MAIDEN NAME Anna (D)

16. BIRTHPLACE (city or town) (State or country) Yugoslavia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 21 36

19. UNDERTAKER John C. Miller
(Address) 2433-35 E Baltimore

AUG 24 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1936 to 8-23 1936

I last saw h[illegible] alive on 8-23 1936 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan. 1936
Anemia Secondary	Mths

Other contributory causes of importance:

Was an operation performed? yes Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

M. D. B 1268-9

F 26741

26741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hospital Ward) 7-2

Registered No. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Parturz

If U. S. Veteran specify WAR

(a) Residence: No. 2733 Ashland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Getana Parturz

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Minnie Vazzo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Margaret E. Velenovsky

(Address) 830 N. Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date 8/25/36 19

19. UNDERTAKER Harry H. Corbett

(Address) 401 Edmondson Ave.

AUG 1936 Huntington Williams, Registrar

NFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) H. C. Okelen, M. D.

Coroner

(Address) 2737 Ashland Ave.

M. D. D 1268-9

F 26742

26742 HEALTH DEPARTMENT—CITY OF BALTIMORE

V. 119

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. On way to Dr. Offices 90-2 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophia Alma Schmuff

(a) Residence: No. 2130 W. Saratoga St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 30/55

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9 0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John. F. Schoenuff.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Adda Kline

16. BIRTHPLACE (city or town) (State or country) Winchester Va

17. INFORMANT Mrs. Ida. Schmuff.

(Address) 2130 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7/15/36

19. UNDERTAKER H. Weitzler

(Address) 411 Edmondson Ave

Registered 7/14 1936 by Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23. 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above — 12.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Intestinal	
Inflammation Aug. 22-	1936

Other contributory causes of importance:

Convulsions,

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

F 26743

26743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 159 ✓

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Wunder

(a) Residence: No. 642 Coleraine Rd. St., Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. 15 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Ignatius Loyola Wunder

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Helena Margaret Boehl

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ignatius L. Wunder

(Address) 642 Coleraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 8/25/36

19. UNDERTAKER Harry D. Armacost & Son

(Address) 1204 Ridgewood Ave.

Filed AUG 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1936 to Aug. 23, 1936

I last saw him alive on Aug. 23, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R. Hopkins M. D.

(Address) St. Joseph's Hospital

M. D. B 1268-9

F 26744

26744 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N. Caroline St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Catherine Snyder

(a) Residence: No. 1806 N. Catalina St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Snyder

6. DATE OF BIRTH (month, day, year) Nov 2nd 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Bretz County Md.

FATHER

13. NAME John Bernville

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. J. Mitchell

(Address) 1806 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 26th 1936

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED Huntington Williams, M.D.

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. Monument Ave.

M. D. B 1268-3

26745

F 26745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N. Montford Ave. St., 8-W Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify W. No Record

2. FULL NAME Charles B. Ford

(a) Residence: No. 1609 N. Montford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa C. Ford

6. DATE OF BIRTH (month, day, year) Jan. 2 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chas Beard do

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Waters

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry T. Ford
(Address) 1128 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 26 1936

19. UNDERTAKER W. C. Cook
(Address) 1217 St. Paul St.

20. Filed ..... 19— ..... Registrar.

AUG 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Bronchial Pneumonia	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. .....

(Signed) Paul Schenken M. D.
Coroner

(Address) 1919 E. North Ave.

26746 F 26746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 320 E. North Ave Ward 12-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Glaser

If U. S. Veteran specify WAR No Record

(a) Residence: No. 320 E. North Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~, widowed, ~~or divorced~~

HUSBAND of ~~(or WIFE of)~~ Flossie Noblett Glaser

DATE OF BIRTH (month, day, year) May 6th 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer 5019

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Glaser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Isaacson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Glaser

(Address) 322 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 26th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to Aug 24 1936

I last saw him alive on Aug 24 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Duration 3 mos 1936

Other contributory causes of importance:

Hypertension 1936

Chronic Myocarditis 1936

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hamilton Ranck M. D.

(Address) 1 E. Randall St.

F 26747

26747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Harold Batt

If U. S. Veteran specify WAR Worlds War

(a) Residence: No. 4426 Wickford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~
HUSBAND of ~~(or WIFE of)~~ Rosaline Duncan Batt

7. DATE OF BIRTH (month, day, year) Jan 8th 1892

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME Wm Henry Batt

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Olive Woolford Corkell

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Rosaline D. Batt
(Address) 4426 Wickford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 26th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

Filed AUG 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Aug 24, 1936

I last saw him alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at 4:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1899
with Mitral Stenosis and	
Insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold N. [illegible] M. D.

(Address) Union Memorial Hosp.

F 26748

26748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. 10212

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-5 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occured 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

life

2. FULL NAME Michael Stefanski

No War Record

(a) Residence: No. 1922 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha C. Stefanski

DATE OF BIRTH (month, day, year) 8/25/1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	52	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 0025

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Lawrence Stefanski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Beigel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records Martha C Stefanski

(Address) 1922 Jefferson St

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Aug 27 36

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED AUG 25 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1936 to 8-23 1936

I last saw him alive on 8-23 1936 Death is said to have occured on the date stated above, at 4:05 P m.

The principal cause of death and related causes of importance were as follows: 9301

	Date of onset
Arteriosclerotic Heart Disease 9420	1934
Coronary Thrombosis with 9420	
Progressive Heart Failure 9503	July 1936
Gastric Ulcer 1122	1934
Other contributory causes of importance: 7302	
Secondary Anemia	Unk

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

F 26749

26749 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. 27-18

1. PLACE OF DEATH So. Baltimore Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Wilford Mosey

(a) Residence: No. 5010 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Anna S. Moxey

7. DATE OF BIRTH (month, day, year) Mar 17 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispenser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soda Fountain

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Salem Mass

13. NAME Frank Mosey

14. BIRTHPLACE (city or town) (State or country) Exeter England

15. MAIDEN NAME Sarah Wardle

16. BIRTHPLACE (city or town) (State or country) Bristol England

17. INFORMANT (Address) Anna S. Moxey 5010 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Aug 27 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Huntington Williams & Co. 1217 St Paul St

AUG 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936 to Aug 24, 1936

I last saw him alive on Aug. 24, 1936 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic hypertensive cardiorenal disease & myocardial failure	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb M. D.

(Address) 1213 Light St.

26750 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26750

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — 12198 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Major Walker

(a) Residence: No. 1806 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Married~~ Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 11-7-~~1875~~ 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 ~~58~~	9	16.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

12. NAME Charles Walker

13. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Tiny ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Arbutus cem Date Aug 26 1936

UNDERTAKER George H. Kelson
(Address) 1303 Pennsylvania ave

DATE Aug 25 1936 19 ..... Signature ~~Eugene H. Williams, M.D.~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1936 to 8-23 1936

I last saw him alive on 8-23 1936 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease with Failure	1934
Acute pulmonary edema	8-21-36

Other contributory causes of importance:

Arteriosclerosis	Unk

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John L Ramey M.D.

(Address) Baltimore City Hospitals

. D. B. 1268-9

F 26751

26751 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. St Joseph Hospital St. 23-1 Ward)

ength of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Greisel

(a) Residence: No. 1032 S Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Greisel

DATE OF BIRTH (month, day, year) Nov 12 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo Herig

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Eliz. Bachmann Friend

(Address) 1032 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8-25-36

19. UNDERTAKER Mr Chas A. G. Rohde

(Address) 2227 Edmondson Ave

AUG 25 1936 Funeral Home Baltimore MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23d 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h. alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	

Other contributory causes of importance:

Name of operation ..... Date of 36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 8/22/36 19 .....

Where did injury occur? 1032 S. Sharp St - Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

— If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North ave

M. D. R. 1268-9

26752

F 26752

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 137

CERTIFICATE OF DEATH

1. PLACE OF DEATH West. Balto. General Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Herman C. Frentz.

(a) Residence: No. 421 Westgate Rd. St., ... Ward. Stoney Run, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louisa H. Frentz

6. DATE OF BIRTH (month, day, year) May 26/72

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT William H. Frentz.

(Address) Hanover, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date 8-29-36

19. UNDERTAKER Mrs. Chas. A. G. Rohde

(Address) 2327 Edmondson Ave.

20. FILED 19 ..... Registrar.

Aug 29 1936 Hampton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 17. 1936 to August 23. 1936

I last saw him alive on August 23. 1936 Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic prostate Related hypostasis.	about

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify .....

(Signed) Henry J. Gimpel M. D.

(Address) West Balto General Hosp

M. D. B 1268-9

E 26753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 26753

CERTIFICATE OF DEATH

28-2 94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4306 Maine Ave. St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert J. Kane

(a) Residence: No. 4306 Maine Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria R. Kane

6. DATE OF BIRTH (month, day, year) Aug. 22/1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James N. Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances Kelly.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Victoria R. Kane

(Address) 4306 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Co. Date Aug 25 1936

19. UNDERTAKER Low Pitzinger Sons

(Address) Rock & Reeves

Huntington Williamsport Pa

20. FILED AUG 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Hann Coroner, M. D.

(Address) 1215 Hanover

F 26754

F 26754

HEALTH DEPARTMENT—CITY OF BALTIMORE

51-C

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 S. Linwood ave St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William Herbert

(a) Residence: No. 1013 S. Linwood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Herbert

7. DATE OF BIRTH (month, day, year) May - 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3 4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Distributing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk in Store Barn

10. Date deceased last worked at this occupation (month and year) Standard Oil Co.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Christopher Herbert

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Swann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Herbert

(Address) 1013 S. Linwood ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cath. Date Aug 28 1936

19. UNDERTAKER John A. Moran

(Address) 3010 E. Balto St.

20. FILED 19 Registrar.

25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23/1936

22. I HEREBY CERTIFY, That I attended deceased from Jan — 1934 to Aug 23 1936

I last saw him alive on Aug 23 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma prostate gland	1933
Metastasis to spine - skull and ~~RIGHT~~ femurs	
Other contributory causes of importance:	
Standard Oil Co.	1930+
Arteriosclerotic Cardiovascular disease	

Was an operation performed? Date of 1934

For what disease or injury? 1

Name of operation Prostatectomy Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Fiyko M. D.

(Address) 2229 Eastern Ave

F 26755

F 26755 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Edgewood Sanitarium
CITY OF BALTIMORE: (No. 6000 Bellona Ave St. 27-12 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME: Frederick H. Schley

(a) Residence: No. 6000 Bellona Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of:
7. DATE OF BIRTH (month, day, year): Nov. 7—1861
8. AGE — Years: 74 — Months: 9 — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: B & O R R Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1916
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Frederick Md
13. NAME: John T. Schley
14. BIRTHPLACE (city or town) (State or country): Frederick Md
15. MAIDEN NAME: Sophia M. Haller
16. BIRTHPLACE (city or town) (State or country): Frederick Md
17. INFORMANT: E. Wattenscheidt Jr
(Address): 542 N. Fulton ave
18. BURIAL, CREMATION, OR REMOVAL: Frederick Md
Place: Mt Olivet Cem. Date: Aug 26. 1936
19. UNDERTAKER: Chas. E. Franck
(Address): 508 Madison ave
20. FILED: 25 1936 19 ..... Huntington Williamson, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 23rd 1936
22. I HEREBY CERTIFY, That I attended deceased from July 16th 1936 to Aug 23rd 1936
I last saw him alive on Aug. 23rd 1936. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	July 16, 1936

Other contributory causes of importance:
Dementia Arteriosclerosis
Hemiplegia (Left side)

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Danl. Jr. Thos. Jenifer M. D.
(Address) .....

26756 HEALTH DEPARTMENT—CITY OF BALTIMORE 26756

CERTIFICATE OF DEATH

147

1. PLACE OF DEATH St. agnes Hospital Registered No.
CITY OF BALTIMORE: (No. Wilkens & Caton aves 25-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Eutha E. Kaiser
(a) Residence: No. 2612 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Kaiser
DATE OF BIRTH (month, day, year) Nov 8-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	15-9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —
12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Hesket Botts
14. BIRTHPLACE (city or town) (State or country) Harford County Md
15. MAIDEN NAME Sarah A. Long
16. BIRTHPLACE (city or town) (State or country) Pennsylvania
17. INFORMANT Mr. Lewis A. Kaiser
(Address) 2612 Washington Blvd
18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Aug-27-1936
19. UNDERTAKER J. C. Shoppert & Son
(Address) 320 Eastern Ave
Filed AUG 25 1936, 19 Registrar.
Huntington Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24. 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1936 to Aug. 24, 1936
I last saw her alive on Aug. 24, 1936. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy	July 1936

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. D. Llewelyn M. D.
(Address) St. Agnes Hospital

6757 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 26757

CERTIFICATE OF DEATH

✓108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2050 E. Eager St., 1-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jane Street

(a) Residence: No. 2050 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 19, 1918

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month, day, year) February 1936
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Burkeville Virginia.
13. NAME Junius Street.
14. BIRTHPLACE (city or town) (State or country) Burkeville Virginia
15. MAIDEN NAME Burley Lee.
16. BIRTHPLACE (city or town) (State or country) Burkeville Va.
17. INFORMANT George Street
(Address) 2046 E. Eager St.
18. BURIAL, CREMATION, OR REMOVAL
Place Burkeville Va. Date Aug 25th 1936
19. UNDERTAKER Wm. Robert Elliott & Daughter
(Address) 429 Carlton St.

Aug 25 1936 Burkeville, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1936 to Aug 24, 1936
I last saw her alive on Aug. 24, 1936 Death is said to have occurred on the date stated above, at 1020 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8/17/36
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether Injury occurred in Industry, In home, or In public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Francis L. B. Luke M. D.
(Address) 1741 E. Eager St.

26758 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 26758

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Philadelphia Ave St., No. 46 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Langlotz

(a) Residence: No. 3605 Philadelphia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Langlotz

DATE OF BIRTH (month, day, year) Sept 10 - 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME Solomon Taylor

14. BIRTHPLACE (city or town) (State or country) Del

15. MAIDEN NAME Mary E Holt

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs Julia Celozzi

(Address) 3605 Philadelphia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Emmanuel Cem Date Aug 26 1936

19. UNDERTAKER John Cedrick

(Address) 2008 Allens St

20. FILED ..... 19 ..... Registrar.

AUG 25 1936 Evelyn Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to August 24 1936

I last saw h[redacted] alive on Aug. 23- 1936 Death is said to have occurred on the date stated above, at 4 30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	?
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Allen S. Graham, M. D.

(Address) 3134 E. Baltimore St.

M. D. B 1268-9

F 26759

26759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Frank. P. Maydwell

If U. S. Veteran specify WAR

(a) Residence: No. Rockaway Beach. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

8a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lydia Maydwell

6. DATE OF BIRTH (month, day, year) Oct. 11, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
56	11 10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lydia Maydwell

(Address) Rockaway Beach

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Conv Date Aug 26. 1936

19. UNDERTAKER John Leeds & Son

(Address) 2008 Eutaw St

20. FILED 19 Huntington Williams, M.D.

AUG 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteria-Sclerosis	

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so specify

(Signed) Paul Schuster, M. D. Coroner

(Address) 1918 E. North Ave

26760

F 26760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., [illegible] Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Noble
If U. S. Veteran specify WAR

(a) Residence: No. 512 N Arlington St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Noble

6. DATE OF BIRTH (month, day, year) Oct. 12 - 73

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Catherine Noble
(Address) 512 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date 8/25/36 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 8-25-1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-18- 1936 to 8-22- 1936

I last saw him alive on 8-22- 1936 Death is said to have occurred on the date stated above, at 2a p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Hypostatic Pneumonia	8-22-36
Astero-sclerotic Heart Disease	
Other contributory causes of importance: Diabetes Mellitus & Gangrene of Lt. Foot	7-22-36

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Pendleton, M. D.
(Address) Provident Hosp

26761

F 26761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Edith Marion Dodson

(a) Residence: No. 1615 S. Center Boulevard St., Springfield, Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Dodson

6. DATE OF BIRTH (month, day, year) Jan 11th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	16 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mother

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Ohio

13. NAME James Bogley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rachael Rush

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT John L. Dodson

(Address) 704 Cathedral

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Ohio Date Aug 25. 1936

19. UNDERTAKER Emery W. Funk Mfg Co

(Address) McCulloch & Bachand Sts

20. FILED 19 Registrar

AUG 25 1936 Springfield, Ohio

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 24 1936 to August 24 1936

I last saw her alive on August 23 1936 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	9 hrs
Hypertension & arteriosclerosis	?
Other contributory causes of importance: Rheumatic Heart disease	?

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis M. D.

(Address) 700 Cathedral St.

M. D. B 1268-9

F 26762

26762 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-12 178-F

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME David Minker

(a) Residence: No. Interne B. View City Hospitals St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Bay View City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. Med School Date Aug 25, 1936

19. UNDERTAKER Jos. Weishaupt Sons
(Address)

AUG 25 1936 19 [illegible]

2549

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	
Lobar, Anoxemia	

Other contributory causes of importance:

Chronic Alcoholism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 15, 1936

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bay View City Hospitals

Manner of injury Struck by motor vehicle, driver unknown

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] Coroner, M. D.

(Address) [illegible]

F 26763

M. D. B. 1361

F 26763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 183

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. found floating in harbor St. 3-2 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Unknown ☐ U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT ✗
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Potter's Field Date Aug 25 1936

19. UNDERTAKER Commissioner Health
(Address)

20. FILED Aug 25 1936 A. E. Foster Williams, Registrar

250

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 18 1936

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Probably drowning

Nature of injury Unknown

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D.
Coroner

(Address) 101 S. Eliot St

M. D. B. 1265

26764

F 26764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Nolan Allen

(a) Residence: No. 1526 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mercy Allen

6. DATE OF BIRTH (month, day, year) April 14, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margret Allen

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mercy Allen
(Address) 1526 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 25, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

25 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Dilatation of Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) T. H. Claiborne M. D.
Coroner

(Address) 2757 Lanvale

F 26765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26765

CERTIFICATE OF DEATH

2 92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lewis Gross

(a) Residence: No. 1018 W. Fayette St., Ward Thady Side Allen Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer - odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Elizabeth Moulden (aunt) 1018 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Md. Date Aug 26 1936

19. UNDERTAKER (Address) F. C. Haushalter & Son Catonsville Md.

20. FILED AUG 25 1936 Remington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-21- 1936, to 8-24- 1936

I last saw him alive on 8-24- 1936. Death is said to have occurred on the date stated above, at 10 21 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Mitral Insufficiency	

Other contributory causes of importance:

Chronic Cholecystitis	
Tumor of bile duct and liver	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Grant A. Pendleton M. D.

(Address) Provident Hosp

F 26766 F 26766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 182-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 869 W. Lombard St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Klawansky Strauss

If U. S. Veteran specify WAR .....

(a) Residence: No. 869 W. Lombard St., ... Ward. Lancaster Penna.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis Strauss

6. DATE OF BIRTH (month, day, year) May 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3 —	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) London (State or country)

13. NAME Jacob Spellman

14. BIRTHPLACE (city or town) London (State or country) England

15. MAIDEN NAME Rose Sperling

16. BIRTHPLACE (city or town) London (State or country) England

17. INFORMANT Benj Mclman

(Address) 869 W. Lombard st.

18. BURIAL, CREMATION, OR REMOVAL

Place Progress Penna Date Aug 26 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1126 W. North ave

FILED AUG 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7 1936 to Aug 24 1936

I last saw her alive on Aug 23 1936 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/17/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel S. Shanahan M. D.

(Address) 888 W. Lombard St

F 26767

26767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Parrish St. St., 19-1 Ward)

Length of residence in city or town where death occurred 82 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sarah Ida Berry

(a) Residence: No. 315 S. Parrish St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Berry

DATE OF BIRTH (month, day, year) About 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Walter Woodall

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Tolly

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Jesse Lyons (Address) Arbutus, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8/26/36

19. UNDERTAKER Wm J. Tickner & Sons (Address) Wood & Ca. Huntington Wilkinson, Jr.

20. FILED AUG 25 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936 to Aug 23, 1936

I last saw her alive on Aug. 23, 1936 Death is said to have occurred on the date stated above, at 1.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	8/12/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. D. Driscoll M. D.

(Address) 1326 W Lombard St

F 26768

M. D. B 1268-9

26768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 E. Lafayette Ave. St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. life mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Ann Dwyer

(a) Residence: No. 334 E. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Dwyer

6. DATE OF BIRTH (month, day, year) June 15, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Partick Hughes

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Florence Dwyer
(Address) 334 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug. 28, 1936

19. UNDERTAKER Wm. J. Leibig & Son
(Address) Huntington Maryland

20. FILED Aug 25 1936, 19 Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and (from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypostatis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, how? .....

(Signed) Edwin B. Kellogg M. D.

(Address) 1031 St. Paul St.

F 26769

26769 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Gise Neumann

(a) Residence: No. 6411 Cedonia Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Aug 21st 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Josephs Hosp Balto Md

13. NAME William J Neumann

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Margaret E Close

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT William Neumann
(Address) 6411 Cedonia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Park Cemetery Date Aug. 26 1936

19. UNDERTAKER Fred'k Forsythe & Son
(Address) 7201 Belair Rd.

AUG 25 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25/36

22. I HEREBY CERTIFY, That I attended deceased from 8-21-36, 19..., to 8-25-36, 19...

I last saw her alive on August 21, 1936 Death is said to have occurred on the date stated above, at 9 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Birth
Related st. Parvide	
Other contributory causes of importance:	
Icterus Neonatorum	2 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Frank R Stephenson, M. D.

(Address) St. Joseph's Hospital

F. 26770

26770 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lexington St. 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Lytle

(a) Residence: No. 1126 Aisquith St., 7th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Gertrude Lytle

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1887

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Nicholas Lytle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sara Amanda Hughes

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Samuel Miley

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date Aug. 27 1936

White Funeral

19. UNDERTAKER Madeline Lee

(Address) Huntington Ave

AUG 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936 to Aug 25, 1936

last saw h[illegible] alive on Aug 25, 1936. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Ca of Stomach c metastasis to Liver — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of June 22

For what disease or injury? Ca of Stomach

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Karlyn, M. D.

(Address) Univers. Hospital

F. 26771

26771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 24-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Craig

(a) Residence: No. 735 Harvey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of James Craig

DATE OF BIRTH (month, day, year) March 2, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Irwin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna Ward

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Deceased.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 28 1936

19. UNDERTAKER [redacted]
(Address) 1101 E [redacted]

20. FILED Aug 28 1936 [redacted]

AUG 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1936, to Aug 25, 1936

I last saw her alive on Aug 25, 1936. Death is said to have occurred on the date stated above, at 12 40 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	8-2-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis D Schwentker, M. D.

(Address) .....

26772 F. 26772

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave St., 9-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Minnie Kellner

(a) Residence: No. 2304 Robb St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Oscar Kellner

DATE OF BIRTH (month, day, year) May 6 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT H. J. W. Heimiller

(Address) 3610 Stanley Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 27 1936

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

Filed 25 1936 Clayton Williams 1077

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1936, to Aug 24, 1936

I last saw her alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 11 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Hypertensive Cardio Vascular Dis.	1931
Cerebral Hemorrhage	8/23/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. Llewellyn M. D.

(Address) St Agnes Hospital

F 26773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 26773

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Lee Ingles

(a) Residence: No. Morris Ave. Street Sutherdell Ward. Md —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 8/22/96

8. AGE: Years 40 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Acct

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Sutton Ingles

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary McCann

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 8/28/36

19. UNDERTAKER Wilson & Orth
(Address) 1217-21 Eutaw

20. FILED 19 Registrar

8 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1936 to Aug 25 — 1936

I last saw him alive on Aug 20 1936 Death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	2 yrs
Cardiac hypertrophy	
Other contributory causes of importance: Congestive failure	3 mo

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Richmond, M. D.

(Address) 1 W Hoff.

M. D. B 1268-9

F 26774

26774 HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Jenkins Jr. If U. S. Veteran specify WAR

(a) Residence: No. Woodstock Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodstock Md. (State or country)

FATHER

13. NAME George J. Jenkins

14. BIRTHPLACE (city or town) Howard Co. (State or country)

MOTHER

15. MAIDEN NAME Florence Macdaniel

16. BIRTHPLACE (city or town) Howard Co. (State or country)

17. INFORMANT George Jenkins Woodstock Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Presbyterian Cem. Date Aug. 26 1936

19. UNDERTAKER H. M. Snyder (Address) Sub. Asst. Md

25 1936 Huntington Wellington, Md

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 8-24-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cause Fractured Skull	
Infammation	

Other contributory causes of importance: Convulsions

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. H Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

F 26775

26775 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 E. Fayette St., 6-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. 14 ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Ciszek

(a) Residence: No. 2011 E. Fayette St., Ward. Steuart Hill Dist.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Ciszek

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Jacub Ciszek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Anna Ciszek

(Address) 2011 E. Fayette Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery aug 26. 1936

19. UNDERTAKER Wm. Mary Weber

(Address) 401 S. Chester St

Filed 5 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19 36 to Aug. 23 1936

I last saw him alive on Aug. 23. 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	March 19 36

Other contributory causes of importance:

Myocardial Insuff. - 2wks.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2007 E. Baltimore

F 26776

26776 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3409 Ellamont St. 15-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 54 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth 54 yrs. 8 mos. 3 ds.
If U. S. Veteran specify WAR NONE

2. FULL NAME Hugh Jackson Sisson
(a) Residence: No. 3409 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Carr Sisson
DATE OF BIRTH (month, day, year): Dec 21-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marble Stone Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business
10. Date deceased last worked at this occupation (month and year): about Jan/1936
11. Total time (years) spent in this occupation: 30 yrs
12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME: Hugh Sisson
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Sarah Jackson
16. BIRTHPLACE (city or town) (State or country): Salem Mass. Maryland
17. INFORMANT: Mrs Elizabeth C. Sisson
(Address): 3409 Ellamont
18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: Aug 27/36
19. UNDERTAKER: Stewart & Co.
(Address): 108 W Monument Ave.

FILED AUG 25 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/24/36
22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936 to Aug 24, 1936
I last saw h— alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	Aug 20th
Other contributory causes of importance: Carcinoma Lung Left	do not know

Was an operation performed? no Date of
For what disease or injury? no
Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Key Sr. M. D.
(Address) Glenkirk Md

F 26777.

26777 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5-W-27½ — St., 12-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth 68 yrs. 7 mos. 29 ds.
If U. S. Veteran specify WAR NONE

2. FULL NAME Elizabeth Anderson Stacy
(a) Residence: No. 5-W-27½ St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos H. Stacy
7. DATE OF BIRTH (month, day, year): Sept 25 1867
8. AGE: Years 68; Months 7; Days 29; If LESS than 1 day, ... hrs. or ..... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
11. Date deceased last worked at this occupation (month and year): 1937
12. Total time (years) spent in this occupation: none
13. BIRTHPLACE (city or town) (State or country): West Point Virginia
14. NAME: Edw. F. Anderson
15. BIRTHPLACE (city or town) (State or country): West Point Va.
16. MAIDEN NAME: Elizabeth Gray
17. BIRTHPLACE (city or town) (State or country): West Point Va.
18. INFORMANT: Mr. T. W. Stacy (Husband)
(Address) 5-W-27-St.
19. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date Aug 26 1936
20. UNDERTAKER: Stewart Mortuary Inc
(Address) 1200 N. Mar...
FILED: Aug 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 24 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1936 to Aug. 24 1936
I last saw her alive on Aug 23 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 20.
Other contributory causes of importance: General Arterio-Sclerosis.	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry E. Wilson M. D.
(Address) 37 W. Biddle St.

26778

F 26778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓121

Registered No. .....

1. PLACE OF DEATH Mercy Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Betty Crutchfield

(a) Residence: No. 1415 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W White	Married

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of George Crutchfield

6. DATE OF BIRTH (month, day, year) May 25 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Aug. 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Tennessee

13. NAME George Conlon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Angelia Rockets

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George Crutchfield (Address) 1415 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Date Aug 26, 1936

Woodlawn

19. UNDERTAKER Thomas Casey (Address) 36 W. Lanvale St.

Huntington Williams, Inc.

DATE 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1936 to Aug 23rd 1936

I last saw her alive on Aug 23rd 1936 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Aug 21st
Other contributory causes of importance: Appendicitis	Aug 14th

Was an operation performed? Yes (2) Date of Aug 14th & 22nd

For what disease or injury? Appendicitis with Obstruction

Name of operation Laparotomy Date of Aug 14th

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Kane, M. D.

(Address) Mercy Hosp.

F 26779

26779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grover Cleveland Chenoweth

If U. S. Veteran specify WAR

(a) Residence: No. 2924 Bernard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
(5 months)	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ Wood

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Arthur Chenoweth

14. BIRTHPLACE (city or town) (State or country) Baltimore Co, Md

15. MAIDEN NAME Renetta E Metz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) 2924 Bernard St, City Mr. Chenoweth

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date August 26 1936

19. UNDERTAKER (Address) Chenoweth & Sons 1 Cathedral St

Filed 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) August 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1936, to Aug 24 1936

I last saw h.IM. alive on Aug 23, 1936. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumococcus Meningitis Acute	Aug 11
2. Bilateral Otitis Media	

Other contributory causes of importance:

3. Impetigo generalized

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Spinal Puncture and Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Smith M. D.

(Address) The Union Memorial Hospital

M. D. F. 1268-9

F 26780

26780 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home + Infirmary. 6-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Eliza Murphy.

(a) Residence: No. Church Home + Infy. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Reginald H. Murphy.

6. DATE OF BIRTH (month, day, year): Oct 24, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife. 0.27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation:

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Louisiana.

MOTHER FATHER

13. NAME: Thomas Simmons.

14. BIRTHPLACE (city or town) (State or country): Georgia.

15. MAIDEN NAME: Vanilla Viguis.

16. BIRTHPLACE (city or town) (State or country): Alabama.

17. INFORMANT: R. Heber Murphy.
(Address) 103 W. Oostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place: All Saints Cem. Date: Aug 27. 1936

19. UNDERTAKER: Jno. Berry Inman & Sons
(Address) Reisterstown Md.

20. FILED ... 19... ... Registrar.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1934 to August 26, 1936.
I last saw her alive on August 26, 1936. Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease.	
Other contributory causes of importance:	
Cerebral hemorrhage.	8/25/36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) John A. Myers. M. D.

(Address) Church Home + Infy.

H. D. B. 1268-9

F 26781

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26781

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 DORN St. 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MORRIS S DIGGS

(a) Residence: No. 1125 DORN St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	COL	MARRIED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of BLANCH

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MUSIC TEACHER

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

13. NAME CHAS DIGGS

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

15. MAIDEN NAME CLARA PRATT

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

17. INFORMANT CLARA FOWLER

(Address) 1125 DORN ST

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 8/27 19 36

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] [illegible] MD
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27th 1935 to Aug 24 1936

I last saw him alive on Aug 24 1936 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Endocarditis	[illegible]
	[illegible]
	[illegible]

Other contributory causes of importance: none

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

26782

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26782

CERTIFICATE OF DEATH

S 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N Central Ave St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Patricia E. Healy

(a) Residence: No. 909 N Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Oct 29. 1935

8. AGE: Years | Months: 4 | Days: 26 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

11. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John E. Healy

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Sandra Gross

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: John E. Healy

(Address): 919 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: 8/26/36

19. UNDERTAKER: J. H. Cox & Son

(Address): 1210 E Fayette St

20. FILED: Aug 26 1936 Huntington Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

(Address) 1918 E North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

F 26783

F 26783 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26783

36

CERTIFICATE OF DEATH

1—PLACE OF DEATH Childrens Hospital School REGISTERED NO.

CITY OF BALTIMORE: (No. Greenspring Ave ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Doris May Hermann

(a) RESIDENCE NO. 3304 Ellerslie Ave. Balto WARD No Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 15, 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) at School 0000

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Carl J. Hermann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Minnie Kirwan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Carl J. Hermann

(Address) 3304 Ellerslie Ave

25 1936 Arlington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27/36

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936, to Aug 24, 1936

that I last saw her alive on Aug 24, 1936

and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia, Streptococcus

Pyarthrosis Hip Right

(duration) yrs. 5 mos. 15 ds.

CONTRIBUTORY (Secondary) Coronary Embolism 5 minutes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. L. Eaton, M. D.

, 19 (Address) 4 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Aug 27 1936

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St

F 26784

F 26784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 5-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Forrest St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Cristina Lerikos

(a) Residence: No. 420 Forrest St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of James Lerikos

DATE OF BIRTH (month, day, year) June 14-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME Spiros Kolokotas

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT (Address) George Lerikos 6015 old Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Aug 26 1936

19. UNDERTAKER (Address) J. Francis Reese Westminster Md

Registrar.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to Aug 23, 1936

I last saw her alive on Aug 23, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other contributory causes of importance:	
Bronchial Asthma	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luigi S. De Stefano M. D.

(Address) 407 S. Exeter St

M. D. B 1268-9

F 26785

F 26785 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 1 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry E. Hough

(a) Residence: No. 110 Clarendon Ave. Pikesville Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis M. Hough

6. DATE OF BIRTH (month, day and year) Aug. 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 006

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distiller

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Hough

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Amanda Hanna

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Rat C. Hough 4405 White Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 27, 1936

19. UNDERTAKER (Address) J. F. Cline & Son J. Rubenstein M d

20. FILED 19 Registrar

AUG 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 25, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Pulomanary Embolism	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. K. Cochran M. D. Coroner

(Address) 2757 N. Howard

F 26786 F 26786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Park Ave. St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Susie N. Clayton

(a) Residence: No. 1615 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Clayton

6b. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton, Md.

13. NAME John Urich

14. BIRTHPLACE (city or town) (State or country) --

15. MAIDEN NAME Minerva Furnell

16. BIRTHPLACE (city or town) (State or country) --

17. INFORMANT Mary G. Sterling
(Address) 909 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 8/26/36

19. UNDERTAKER Chas. D. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22-36 to Aug 24- 36

I last saw h.. alive on Aug 24 1936. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	8-24-36
Pneumonia Lobar - Left Lower	8-24-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wm R. Johnson M. D.

(Address) Medical Arts Bldg.

Dr. Wm. Johnson

F 26787 F 26787.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Tuberculosis Division

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-1 Ward)

Registered No. 16348

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Edward Gunthorp

(a) Residence No. 215 W. 23rd Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

7. DATE OF BIRTH (month, day, year) ????

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Ned (Dead)

14. BIRTHPLACE (city or town) (State or country) South Car.

15. MAIDEN NAME Mattie (Dead)

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Cem Date Aug 29, 1936

19. UNDERTAKER Joseph A. Lively
(Address) 459 N. Mount street

20. FILED AUG 26 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1936 to August 24, 1936

I last saw him alive on August 24, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman, M. D.

(Address) Baltimore City Hospitals

26788

F 26788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-H

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 McCulloh St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Ford

(a) Residence: No. 2523 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

6a. If married, widowed, or divorced (or) WIFE of Richard S Ford

6b. DATE OF BIRTH (month, day, year) July 15 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME Thomas Parker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Margaret Ross

(Address) 2523 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Aug 28 1936

19. UNDERTAKER George S. Nelson

(Address) 1303 Presstman St

20. FILED ..... Registrar.

AUG 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1936, to Aug 25, 1936

I last saw h.. alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 4 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritoneal Carcinomata	1934

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) H S McCard M. D.

(Address) 2029 Druid Hill Av

F 26789

F 26789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) X

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Tillery

(a) Residence: No. Sarrum P.O. Balto. County, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: aa

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1884

8. AGE — Years: 52 — Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Fannie Harden

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Ella Johnson

(Address) Sarrum P.O. Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Lukes, Reisterstown Md. 8/27, 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED Asst. Registrar Williams M.D. Registrar

AUG 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1936, to 8-24, 1936

I last saw h[illegible] alive on 8-24, 1936. Death is said to have occurred on the date stated above, at 11 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Peritonitis	
Other [illegible] of importance: Chronic apleutis, gall stones	
Empiyema of gall bladder	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George F. Pendleton M. D.

(Address) Provident Hosp

F 26790

F 26790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 W. Franklin St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME William Stokes

(a) Residence: No. 744 W. Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... a. or ..... min.
	40	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nataway Co. Va.

FATHER

13. NAME Pearce Stokes

14. BIRTHPLACE (city or town) (State or country) Nataway Co. Va.

MOTHER

15. MAIDEN NAME Louvenia Towns

16. BIRTHPLACE (city or town) (State or country) Nataway Co. Va.

17. INFORMANT Louvenia Stokes

(Address) 744 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Aug 26, 36

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Arlington Ave. Baltimore, Md.

20. FILED AUG 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Virginia Pictoris	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) 121 Hanover St.

F. 26791 F 26791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH Jenkins Memorial Hospt. 9-8 Registered No.

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Katherine Nestor

(a) Residence: No. 920 East 20th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Senior Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Edward Nestor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nellie Durkin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jenkins Memorial Hospt.

(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 8/27 1936

19. UNDERTAKER Wm. J. Tiefenthaler

(Address) 1000 Caton Ave.

AUG 26 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to August 25 1936

I last saw h[illegible] alive on August 24 1936 Death is said to have occurred on the date stated above, at 3:10 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Inguinal region with metastasis	March 36
Cardio Vascular Failure	8/23/36

Other contributory causes of importance:

Emaciation

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Llewellyn M. D.

(Address) Lt Lanes Hospital

F 26792

F 26792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Zopel

(a) Residence: No. 2026 E. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lucy Zopel

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Zopel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Eva Zydlewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Lucy Zopel

(Address) 2026 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 28 1936

19. UNDERTAKER John F. Weber

(Address) 401 S. Chester St

Mitchell Jones Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Rhenberg, M. D. Coroner

(Address) 1919 E. North Ave.

6 1936

F 26793

F 26793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2722 W Baltimore St. 70-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mollie Florence Hickman

(a) Residence: No. 2722 W Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emerson Hickman

6. DATE OF BIRTH (month, day, year) Nov 17 1872

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 64	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alonzo Squires
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Berry
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Emerson Hickman
(Address) 2722 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/26, 1936

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Holbrook sts

20. FILED AUG 26 1936, 19 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936 to Aug 24, 1936
I last saw h.. alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	
Diabetes mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Albert Kornreich, M. D.
(Address) 1934 Wilkins Ave

26794 F 26794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1300 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leon Frauendenthal

(a) Residence: No. 2105 Linden Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia F. Frauendenthal

6. DATE OF BIRTH (month, day, year) Nov 1st 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Raphael Frauendenthal

14. BIRTHPLACE (city or town) (State or country) Germy

15. MAIDEN NAME Meienom

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT B. Frauendenthal

(Address) 2101 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cem Date Aug 27 1936

19. UNDERTAKER David Goldberg & Son

(Address) 1402 Eutaw Place

AUG 26 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1936 to Aug 25 1936

I last saw him alive on Aug 25 1936 Death is said to have occurred on the date stated above, at 3 14 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Aug 16
Bronchopneumonia, type undetd	Aug 25
Pulmonary infarction	Aug 25

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alfred J Lehman M. D.

(Address) Sinai Hospital

F 26795

6795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Bon Secours Hosp. 70-7 Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Christina Kruger

(a) Residence: No. 408 N Hilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Kruger

6. DATE OF BIRTH (month, day, year): Sept. 17-1874

7. AGE: Years 61 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Christian Beyer
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Dorethia Beck
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John Kruger
(Address): 408 N. Hilton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Aug. 28th 1936

19. UNDERTAKER: George L. Colpoys & Co. Inc.
(Address): 2101 Frederick Ave.

6 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936 to Aug 25, 1936

I last saw her alive on Aug 25th, 1936. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	8-15-36
General peritonitis	8-20-36

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon O Kemp M. D.

(Address) Bon Secours Hosp

10—M. & T.—100 B—50L

Theresa E. Jones

26796

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 26796

82-a

CERTIFICATE OF DEATH

46 Hannah St

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 704 Bay Street ST. 13-5 WARD)

2-FULL NAME Theresa E. Jones

(a) RESIDENCE NO 704 Bay Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced (or) WIFE of Joseph H Jones

DATE OF BIRTH (month, day, and year) Dec. 17, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Jacob Reil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Eighldinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Joseph H Jones

(Address) 704 Bay St

26 1936 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25th 1936,

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopay or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopay or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: 12.50 P.M.

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... Coroner

, 19 (Address) 1215 Hannah St. M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Aug 28 19 36

20 UNDERTAKER H. Marshall — ADDRESS 3534 Elm Rd

F 26797

~~F 26797~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Belview Ave St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter C. Hare

(a) Residence: No. 4213 Belview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Delilah M. Hare

6. DATE OF BIRTH (month, day, year): March 2-1876

7. AGE: Years 60 | Months 5 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supt. Construction Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md.

FATHER

13. NAME: Valentine Hare

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rachael V. Curtis

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Delilah M. Hare

(Address) 4213 Belview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Aug. 27 1936

19. UNDERTAKER: Horace E. Burgee

(Address) 3631 Gaido Road

[illegible] 10 [illegible]

AUG 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 25-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935, to Aug 25, 1936

I last saw h~~e~~ alive on Aug 24 1936 Death is said to have occurred on the date stated above, at 2.15 A.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of Heart — Date of onset Aug 24, 36

Other contributory causes of importance: Arterio-sclerosis, emphysema, Hypertrophy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Heart ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Herbert M. Foote M. D.

(Address) 2730 St. Paul St.

M. D. B 1268-9

26798

HEALTH DEPARTMENT—CITY OF BALTIMORE

Grave ✱ 19

F 26798

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. found floating in harbor at Fort Pier Clinton St., 76-6 Ward)

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown ☐ U. S. Veteran specify WAR

(a) Residence: No. Unknown St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT ✓
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Aug 25, 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

Filed 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Prob July 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably drowning	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Probably accident Prob July 22, 1936
Accident, suicide, or homicide? Date of injury ...

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Unknown

Nature of injury Probably drowning

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

F 26799

Grave 20

M. D. B. 1263 B

26799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH (Hospital—Harlan & Burns' Ward)

CITY OF BALTIMORE: (No. 1 E Broadway St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
+× 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Aug 25 1936

19. UNDERTAKER

(Address)

26 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 22 1936

Where did injury occur? Unknown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Drowning accidental (unknown)

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Ruth Coroner, M. D.

(Address) 1615 E Monument St

M. D. B 1268-9

F 26800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26800

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Edward Skane

(a) Residence: No. 2130 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) Jan 19 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker, Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick Skane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah Custer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A Skane
(Address) 2130 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Date Aug 28 1936
Place New Cathedral Cem

19. UNDERTAKER George A Starliper
(Address) Fulton Ave & Laurette St

Huntington, Williams, Co.

20. FILED AUG 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance: Cardiac Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? ..... Date of .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B 1263-9

26801

F 26801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. 17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 W. Mulberry St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME America Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 760 W Mulberry St., 17 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 - 1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Jerren Adams

14. BIRTHPLACE (city or town) Ala (State or country)

MOTHER

15. MAIDEN NAME Madora Gallmon

16. BIRTHPLACE (city or town) S C (State or country)

17. INFORMANT Madora Adams

(Address) 760 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 26, 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 222 N Schroeder St

Huntington Williams

AUG 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Mellon M. D. Coroner

(Address) 757 N. Carey

Spec.-7-17-26-A Co.-200 Bks.

26802

F 26802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1-PLACE OF DEATH 721 Edgewood St. REGISTERED NO.

City of BALTIMORE: (No. St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Helen Murphy

(a) RESIDENCE NO. 721 Edgewood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec 19th 1899

7 AGE — Years: 36. Months: 8 Days: 4 5

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Dept. Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John J. Murphy

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Ella Noonan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. Ella Murphy

(Address) 721 Edgewood St

15 Filed 6 1936 16 [illegible] Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/24 1936

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1936, to Aug 24, 1936, that I last saw her alive on Aug 24, 1936, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. S. Shanahan M. D.

8/26/36 (Address) 888 N. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: 8/27/1936

20 UNDERTAKER: John Hoover & Son. ADDRESS: 901 Holliday St.

6803 F 26803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32. N. Fulton Ave St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes. G. Murphy.

(a) Residence: No. 32. N. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White.

5. Single, Married, Widowed, or Divorced (write the word) Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nicholas J. Murphy

6. DATE OF BIRTH (month, day, year) Jan 3, 1874

7. AGE — Years: 62 | Months: 6 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John. Dorsey.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margt Lillas

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nicholas J. Murphy

(Address) 32. N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 8-27 1936

19. UNDERTAKER Bernard C. Harle

(Address) 121 E. West St

20. FILED ..... 1936 ..... Registrar.

AUG 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 32 1936, to Aug 24 1936

I last saw her alive on Aug 24 1936. Death is said to have occurred on the date stated above, at 8 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5yr.
Atrophy of the liver	5yr.
acute Cardiac decelation	2hrs

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Calas M. D.

(Address) 4 N Fulton

F 26804

26804 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

14637 ✓126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore, Cith Hospts. St. 22-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna LeBon

(a) Residence: No. 654 Portland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles LeBon

6. DATE OF BIRTH (month, day, year) 8-22-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51		32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Quandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls. Cockeysville Date Aug 27 1936

19. UNDERTAKER John F. Kenny Sons Co
(Address) 2216 Gwynn Oak Ave

20. FILED Aug 26 1936 Clifton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1936 to 8-24, 1936

I last saw her alive on 8-24, 1936. Death is said to have occurred on the date stated above, at 2 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis	6 wks ago
Pyelitis, Acute	6 wks ago
Anemia, secondary	Unk
Bacteremia	6 days ago
Other contributory causes of importance:	
Decubitus Ulcer	8 wks ago

Was an operation performed? Yes Date of 6-30-36

For what disease or injury? Cholelithiasis

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Rainey, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 26805

26805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 9-8 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Bessie Hitchcock

(a) Residence: No. 815 E 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 yrs	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 1904 Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm H Hitchcock

14. BIRTHPLACE (city or town) (State or country) Baltimore County, Md

MOTHER

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Edna [illegible]
(Address) Edna F Tyrrell (815-22-St)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Aug 27, 1936

19. UNDERTAKER Mary M Wardlaw
(Address) [illegible]

26 1936

27. [illegible] 31, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1936, to Aug 24, 1936

I last saw h[illegible] alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 8 40 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left ovary with metastases to liver	

Other contributory causes of importance:

Name of operation Exploratory Date of Aug 14, 1936

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infirm.

M. D. B 1268-9

F 26806

26806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 E. 20th St. St., 9-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Aloysius Farrell

U. S. Veteran specify WAR.....

(a) Residence: No. 712 E. 21st St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 21, 1894

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
42	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 903

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Farrell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anastasia Forester

16. BIRTHPLACE (city or town) (State or country) Md. Balto.

17. INFORMANT James Farrell

(Address) 712 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug. 27, 1936

19. UNDERTAKER William H. Mansfield

(Address) 1st Catholic

Filed Aug. 28, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schnepfer, M. D. Coroner

(Address) 1918 E. North Ave.

M. D. B. 1268-9

F 26807

26807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH Home For Incurables (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 700 W. 40th St.) 13-7 Ward)

Length of residence in city or town where death occurred 26 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? 26 yrs. 4 mos. 16 ds.

2. FULL NAME Mrs. Harriett Connellee

(a) Residence: No. 700 W. 40th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Charles W. Connellee

6. DATE OF BIRTH (month, day, year) Aug 8 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Clements

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Whitehead

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Home For Incurables (Address) 700 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL Date Aug 27th 1936

Place Woodlawn

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St.

Eugene Williams, Registrar.

26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Aug 24, 1936

I last saw her alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at 7:16 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Emphysema	?
Hypertension	?
Other contributory causes of importance: Myocardial failure	3 weeks

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Conrad Acton M. D.

(Address) 3401 Garrison Blvd

26808

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26808

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-1 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ALBERT NAZARENUS

(a) Residence: No. 1236 RIDGLEY St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Nazarenus

6. DATE OF BIRTH (month, day, year) Sept 7, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Worker Lt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. London Store Co

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Carrie Nazarenus

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Margaret Ottman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Nazarenus
(Address) 1236 Ridgley St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/28/36

19. UNDERTAKER Wm H Foos
(Address) 1212 E Monument

[illegible] 6 1936 Arlington Williams, MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 8, 1936 to AUGUST 25, 1936.

I last saw h.IM alive on AUGUST 25, 1936 Death is said to have occurred on the date stated above, at 10:45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA HEAD OF PANCREAS WITH METASTASIS TO LIVER AND OBSTRUCTION TO COMMON BILE DUCT, DIABETES	

Other contributory causes of importance:

ARTERIO-SCLEROTIC CARDIO VASCULAR DISEASE & CARDIAC FAILURE	

Was an operation performed? YES Date of AUGUST 15, 1936

For what disease or injury? CARCINOMA HEAD OF PANCREAS

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. D. Baumbrook Jr. M. D.

(Address) University Hospital

26809 F 26809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-W

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

CITY OF BALTIMORE: (No. St., 24 Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Cora Keyes

(a) Residence: No. 637 E. Clement St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) [redacted] of Herbert P. Keyes

6. DATE OF BIRTH (month, day, year) Feb. 28. 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	26 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Jas. Sites

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Floyd

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Herbert P. Keyes (Address) 637 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date Aug. 29 1936

19. UNDERTAKER Margaret A. Flynn (Address) 2107 N. Milton Ave. A. Easton Williams Reg. No.

20. FILED 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1936 to Aug. 26, 1936

I last saw her alive on August 26 1936 Death is said to have occurred on the date stated above, at 5:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Ventral Hernia	8/25/3
Generalized Peritonitis	8/25/3

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/25/36

For what disease or injury? Strangulated Ventral Hernia

Name of operation Release of obstructing ring Ileostomy - left Date of 8/25/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Nathan Wall, M. D.

(Address) South Balto Gen Hosp.

M. D. R. 1200
26810

F 26810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. Winans R.R. (St.) 13-7 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John L. Stout

(a) Residence: No. 2637 Elsinore Ave St. Hampden Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Virgie Stout

6. DATE OF BIRTH (month, day, year) Aug 31, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Life

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Stout

14. BIRTHPLACE (city or town) (State or country) Londonderry

MOTHER

15. MAIDEN NAME Londonderry

16. BIRTHPLACE (city or town) (State or country) Londonderry

17. INFORMANT Elsie Arthur

(Address) 2624 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug 27, 1936

19. UNDERTAKER C. Bruce Smith & Son

(Address) 2611 Greenmount Ave

20. FILED 1936 Registrar

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I was in charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest, find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above. 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aug 25-36	
Struck by Train	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

20a. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/25/36

Where did injury occur? (Inquest Pending) (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Struck by Train

Nature of injury Body mangled

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Insurance Agent

(Signed) Thos N Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F 26811

F 26811

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 46-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Federal St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Elizabeth Rosalbe Rogers

(a) Residence: No. 513 N. Fulton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob S. Rogers

6. DATE OF BIRTH (month, day, year) Apr. 7, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	65	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford County (State or country) Maryland

FATHER

13. NAME Daniel R. Jones

14. BIRTHPLACE (city or town) ------- (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha P. Bull

16. BIRTHPLACE (city or town) Harford County (State or country) Maryland

17. INFORMANT Mrs. Wm. H. Evans

(Address) 2117 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 8/27, 19 36

19. UNDERTAKER Henry U. Mears & Son

(Address) 805 N. Calvert St.

20. FILED 27 1936 19 .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1936, to 8-24, 1936

I last saw her alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 215 mAm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury? Cancer of Stomach

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. C. Haas M. D.

(Address) 1301 N Carey St

M. D. B. 1268-9

F 26812

F 26812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 25-2 Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie A. Watts.

(a) Residence: No. 5002 Norwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gardner E. Watts

6. DATE OF BIRTH (month, day, year) July 27, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

FATHER

13. NAME Philip Watts

14. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

MOTHER

15. MAIDEN NAME Catherine Hettam

16. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

17. INFORMANT Gardner E. Watts
(Address) 5002 Norwood Avenue

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Cem Date 8/28 19 36

19. UNDERTAKER Henry W. Pearson
(Address) 805 N. Calvert St.

20. FILED AUG 27 1936 Wm. Finlay Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20th, 1936, to Aug. 25th, 1936

I last saw her alive on Aug 25th 1936 Death is said to have occurred on the date stated above, at 6.11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Auricular Fibrillation	?
Myocardial Failure	

Other contributory causes of importance:

Cystitis.

Name of operation Cystoscopic Exam Date of 8-21-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) G. Scott Smith M.D.

(Address) Woman's Hospital of Md.

26813

F 26813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Rutland Ave. St., 7-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ames

(a) Residence: No. 1015 Rutland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	b	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Ames

6. DATE OF BIRTH (month, day, year) 8/14-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	69	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Isaiah Gunn

14. BIRTHPLACE (city or town) (State or country) St. Mary's County Md

MOTHER

15. MAIDEN NAME Mary Gunn

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Md

17. INFORMANT William Ennis

(Address) 1015 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 8-28 1936

19. UNDERTAKER Byron & Daniels & Wright

(Address) 1210 E. Eldery St

20. FILED AUG 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Aug 26, 1936

I last saw her alive on Aug 25, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Aug 24 1936
Other contributory causes of importance: Chronic Myocarditis.	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis B Duke M. D.

(Address) 1741 E Eager St.

Francis B Duke

26814

F 26814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Pine St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Robinson

(a) Residence: No. 914 Pine St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) [illegible] 1837

7. AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md Pearl Hill

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Geo. Brown

(Address) 914 Pine

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 28, 1936

19. UNDERTAKER: Elroy O Wilson

(Address) 1001 Pennsylvania ave.

20. FILED Aug 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Aug 25 1936

I last saw h. alive on Aug 25 1936 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. E. Brown M.D.

(Address) 627 Lexington

M. D. R. 1268-9

26815

F 26815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 27-3

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Burton

(a) Residence: No. Woman's Hospital St., 5104 Arabia Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NNN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Claude Burton

14. BIRTHPLACE (city or town) Paris (State or country) Tennessee

MOTHER

15. MAIDEN NAME Zora Peacher

16. BIRTHPLACE (city or town) California (State or country) Kentucky

17. INFORMANT Mrs. Zora Burton

(Address) 5104 Arabia ave

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

Left to Carnegie Institute

19. UNDERTAKER .....

(Address)

20. FILED ..... 19 ..... Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1936 to Aug 24 1936

I last saw him alive on Aug 24 1936 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½-7 mos. Baby)	
Weight - 2 lbs. 14 oz.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W P Sellers M. D.

(Address) Woman's Hospital

M. D. B 1268-9

26816

F 26816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St. 76-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Michinger

If U. S. Veteran specify WAR

(a) Residence: No. 540 S. Lehigh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Andrew Eschenger

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Andrew Eschenger (son)

(Address) 540 S. Lehigh St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 8/28/36

19. UNDERTAKER Tillo Zeller Jr

(Address) 415 S Milton Ave.

20. FILED 19

Registrar.

AUG 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright M. D.

Coroner

(Address) 1616 S. Schroeder Ave.

M. D. B 1268-9

F 26817

F 26817. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Gen. Hospital

Registered No. 176

CITY OF BALTIMORE: (No. ..... St., 15 Ward.

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mrs. Minnie Gaplan

(a) Residence: No. 2304 W North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Caplan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship 8/27/36

19. UNDERTAKER Jack Levy Funeral Home

(Address) 1452 E. Baltimore St.

27 1936 Lexington Williamsburg, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1936 to Aug 26, 1936

I last saw her alive on Aug - 26, 1936 Death is said to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholecystitis & Cholelithiasis	8/23/36
2. Acute Pancreatitis	

Other contributory causes of importance:

Name of operation Cholecystotomy Date of Aug 25

What test confirmed diagnosis? Open. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. S. Gerstel, M. D.

(Address) .....

F 26818

26818 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 7-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George J. Klingelhofer

(a) Residence: No. Hillen Road near Hamilton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celeste

6. DATE OF BIRTH (month, day, year) Dec 5th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Importer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Feeds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John E Klingelhofer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Altvater

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert J Klingelhofer

(Address) Dalton Rd.

18. BURIAL—CREMATION, OR REMOVAL Place Taylor Chapel Date Aug 30 1936

19. UNDERTAKER Leonard J Finch

(Address) 5205 Frankford Rd.

20. FILED 19 Aug 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 22 1936 to August 27 1936

I last saw h... alive on August 27 1936 Death is said to have occurred on the date stated above, at 240 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic heart disease	?
Chronic nephritis	?
Other contributory causes of importance: Uremia	1 wk

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) ... M. D.

(Address) St Josephs Hospital

AUG 27 1936

M. D. F 12[illegible]

F 26819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE [redacted] No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Ton Mews St. 8-W Ward) 159 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Premature Bond

(a) Residence: No. 1606 N. Montford Ave Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Aug 4/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Vincent Bond

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ruth Evans

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Ruth Bond

(Address) 1606 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL [illegible] Funeral Home Embalming ... 19

19. UNDERTAKER ...

(Address) ...

20. FILED ... 19 ... Registrar

AUG 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
about 4th month of pregnancy	

Other contributory causes of importance: Unknown

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

F 26820

F 26820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Greenmount Ave St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa A. Snapp

(a) Residence: No. 3609 Greenmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Rev. Daniel E. Snapp

6. DATE OF BIRTH (month, day, year) June 12 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Moore

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Lillian P. Nitzell

(Address) 3609 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laraine Date Aug 28, 1936

19. UNDERTAKER Philip Herring & Sons

(Address) 2016 Orleans St.

271936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Aug 22 1936

I last saw h W alive on Aug 21, 1936. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1933
Coma	"

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Dorsey M. D.

(Address) 817 Medical Arts Bldg

Spec.—9-30—A. & Co.—250 Rks.

F 26821 F 26821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

1-PLACE OF DEATH 1418 Bruce St 15-W (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....ST.....WARD)

2-FULL NAME Rosa Coat

(a) RESIDENCE NO. 1418 Bruce ST.. .....WARD.....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 26 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/15/1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 0070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER George Page

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Stokes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Estella Cook
(Address) 1418 N Bruce st (D)

15 Filed ....., 19.... Lexington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/22/36

17

I HEREBY CERTIFY, That I attended deceased from 8/10, 1936 to 8/22, 1936

that I last saw her alive on 8/22, 1936

and that death occurred, on the date stated above, at 7:15 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Dr. Est Jumpkins M. D.

19 (Address) 501 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct

DATE OF BURIAL 8/27/1936

20 UNDERTAKER Isaac L Brown & Son

ADDRESS 1029 W Mon

F 26822

F 26822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton aves 8-12 St., (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Scully

If U. S. Veteran specify WAR .....

(a) Residence: No. 4708 Springdale Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Van Bibber Maryland

FATHER

13. NAME Thomas Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT M. Regina Downey

(Address) 4708 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL

Place Francis Date 8/29 1936

19. UNDERTAKER J. H. McCann & Sons

(Address) Arlington

20. FILED ..... 19 ..... Williams

~~8/30/1936~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1936 to August 27, 1936

I last saw her alive on August 27, 1936 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Small intestine	1933
Emaciation	1935
Intestinal Obstruction	8/8/36
Cardio Vascular Failure	8/24/36
Other contributory causes of importance:	
Arteriosclerosis	1920

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. O'Leveleon M. D.

(Address) St. Agnes Hospital

M. D. B. 1263-9

26823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26823

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 W. Preston St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie Hennan

(a) Residence: No. 331 W. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	6 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lucas Co. Ohio

FATHER

13. NAME Charles H. Hawkins

14. BIRTHPLACE (city or town) (State or country) Lucas County Ohio

MOTHER

15. MAIDEN NAME Susie Mikins

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Susie Hennan
(Address) 331 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Mt. Calvary Cem. Date Aug 27 19 36

19. UNDERTAKER Bryan Bledsoe
(Address) 818 Druid Park Lake Ave

20. FILED Aug 27 1936 19 Williams, M.D.
Registrar.

AUG 27 1936 CLERK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 715 Hanover

M. D. B 1268-9

26824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26824

CERTIFICATE OF DEATH

Registered No. 1753

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 811 Edmondson Ave Ward)

Length of residence in city or town where death occurred died mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Elizabeth Johnson

(a) Residence: No. 811 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1. 1908

7. AGE 28 Years | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John H. Johnson
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Sarah Dorsey
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Eliza Henson
(Address) 811 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cem. Date Aug 27 1936

19. UNDERTAKER Bernard C. Headley
(Address) 818 Druid Hill Ave

FILED Aug 27 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27. 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above described thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & Enteritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Hann, Coroner M. D.

(Address) 1215 Hanover

AUG 27 1936

M 26826

F 26825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3936 Dolfield Ave 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 20 yrs. — mos. ... ds.

2. FULL NAME Charles Hugo Jahelka

(a) Residence: No. 3936 Dolfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Jahelka

6. DATE OF BIRTH (month, day, year): May 20-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48.	3	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20.

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: William J Jahelka

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Johanna Pulleta

16. BIRTHPLACE (City or town) (State or country): Switzerland

17. INFORMANT: Mrs. Pearl Jahelka
(Address) 3936 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Cem. Date: Aug. 28, 1936

19. UNDERTAKER: Josiah Eyler
(Address) 1600 W. North Ave

20. FILED: 19 ... E. [illegible]

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Aug 26, 1936

I last saw him alive on Aug 26, 1936. Death is said to have occurred on the date stated above, at 2-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	1936

Other contributory causes of importance:

Name of operation: Gastrostomy Date: 2/20/36

What test confirmed diagnosis: Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Thurston M. D.

(Address) 1901 Eutaw Place

26826

F 26826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 1-B

1. PLACE OF DEATH Franklin Sq. Hospital (If not in hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 16-E St., Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Anthony Miano

(a) Residence: No. 918 N. Appleton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roads

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Paolo Miano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Felice Verndacchio
(Address) 918 N. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Aug. 28 1936

19. UNDERTAKER Frank Wells Noll
(Address) 52 N Monroe St

20. FILED Aug 27 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/29/1936, to 8/25/1936

I last saw him alive on 8/25/1936. Death is said to have occurred on the date stated above, at 3.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver with ascites	one

Other contributory causes of importance:

Generalized arteriosclerosis
Fibrosis of kidneys, cortical type

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. J. Sartorius M. D.

(Address) Franklin Sq. Hospital

F. 26827.

26827. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Scott St., 21-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella C. Fletcher

If U. S. Veteran specify WAR.....

(a) Residence: No. 803 Scott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: J. Franklin Fletcher

6. DATE OF BIRTH (month, day, year): Nov 16 1877

7. AGE: Years 58 | Months 9 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Michael J. Hodges

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Marie E Donovan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Edw M. Fletcher

(Address) 803 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 8-28 1936

19. UNDERTAKER: Bernard C. Hark

(Address) 121 E. West St

20. FILED ..... 1936 ..... Registrar, No.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from August 10th 1936 to Aug 24th 1936

I last saw h... alive on Aug 24th 1936 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harry Weibel M.D.

(Address) 1224-26 Hanover St.

F 26828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 N. Fulton ave St., 15-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Gardner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1901 N. Fulton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Gardner.

6. DATE OF BIRTH (month, day, year) Dec. 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herman Schoberg.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Eckermann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Gardner
(Address) 1901 N Fulton ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Date 8-29-36

19. UNDERTAKER Bernard C Hartle
(Address) 121 E Mosher St

[illegible] Registrar.

G 771936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25 1936 to Aug 25 1936

I last saw her alive on Aug 25 1936 Death is said to have occurred on the date stated above, at 10 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerous Mitral Regurgitation Decompensation Marasmus	7 mo 7 mo 0 d
Other contributory causes of importance: Chronic Rheumatoid Arthritis	7 mo

Was an operation performed? no. Date of .....

For what disease or injury? no

Name of operation none. Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

F. 26829

F. 26829 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Druid Hill St., Life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ann Shorter

(a) Residence: No. 2136 Druid Hill St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Joseph Shorter

6. DATE OF BIRTH (month, day, year): Apr. 23-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Augustus Smith

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah Roberts

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Sarah La Prade (daughter)

(Address) 2136 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Date 8-29-36

19. UNDERTAKER: John N. Johnson

(Address) 1700 Pitcher St.

20. FILED AUG 27 1936, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis + Uremia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Brumbaugh M. D.

(Address) 214 D H

F 26830

26830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 11194

1. PLACE OF DEATH Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals 18-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME James Moden

(a) Residence: No. 930 Boyd Street St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Haley Moore

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Aug 21 1936

19. UNDERTAKER [illegible] Commissioner Health
(Address) [illegible]

20. FILED AUG 21 1936 [illegible] Registrar.
2532

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August.18.1936

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1935 to August 18, 1936

I last saw him alive on August 18, 1936 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1935
Tuberculosis of Intestines	May 1936
Tuberculous Peritonitis	Aug 193[illegible]

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lew A. Feldman M. D.

(Address) Baltimore City Hospitals

F 26831

26831 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓159

Registered No. 16604

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ball, Baby Boy

(a) Residence: No. 3503 Barclay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Newborn

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-23-36

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 45 min.
45 Min.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME William Ball

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliz. Schmidt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Date Aug 27 19 36

19. UNDERTAKER
(Address)

FILED ..... 19 ..... Registrar.

AUG 27 1936 Commissioner Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1936 to Aug 23 1936

I last saw h alive on Aug 23 1936 Death is said to have occurred on the date stated above, at 2 25 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Emil Kadan M. D.

(Address) Johns Hopkins Hospital

Washington Williams, MD

F 26832

26832 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

122-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ovelgone

(a) Residence: No. 6807 - 5th Ave, Lansdale St., Ward. Balt. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ovelgone

6. DATE OF BIRTH (month, day, year) July 26-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Abraham Seibert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Maggie Ehrig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Ovelgone
(Address) 6807 - 5th Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Aug 29. 1936

19. UNDERTAKER John Wenck
(Address) 200 E Eager

20. FILED Aug 30 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 . 1936 . to Aug 26 . 1936

I last saw her alive on Aug 26 . 1936 . Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	8/17/36
Diffuse peritonitis (acute)	
Perforated intestine	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/25/36

For what disease or injury? Intestinal obstruction

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis S. Ovelgone . M. D.

(Address) University Hospital

26833 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 159 F 26833

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME B. Boy Michael

(a) Residence: No. 19 E. Hamburg St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-25-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
Newborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Gorman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew School Date Aug 27 1936

19. UNDERTAKER
(Address)

27 1936 [illegible] Registrar.

2554 NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936 to Aug 25, 1936

I last saw him alive on Aug 25, 1936 Death is said to have occurred on the date stated above, at 10 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hamilton Landis, M. D.

(Address) Balto City Hospitals

F 26834

26834 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D-107-a

Registered No. 15483

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mack Reese

(a) Residence: No. 932 N. Vincent Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 8-16-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 73	—	-6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ned Reese

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lucy Reese

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pulaski Date Aug 27 1936

19. UNDERTAKER Samuel N. Cassell Sr
(Address) 638 N. Gilmor St

Registrar

AUG 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1928 to 8-22 1936

I last saw him alive on 8-22 1936 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	8-20-36
Aortic insufficiency (Syphilitic)	1935
Aortitis (Syphilitic)	1934

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

26835 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B F 26835

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti ore City Hospts. St., 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1892 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Penkowski (Powkowski)

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 5-22-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (2040)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Miko

14. BIRTHPLACE (city or town) (State or country) Germank

MOTHER

15. MAIDEN NAME Yusetta Bo nne

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Recorde of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Aug 28 1936

19. UNDERTAKER Fred W Radenzki
(Address) 1950 Fremont Ave

20. FILED AUG 27 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23/36

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1936 to 8-23 1936

I last saw him alive on 8-23 1936. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary edema	8-23-36
Arteriosclerotic Heart Disease	Unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify NO

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 26836

26836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 26th Ward)

Registered No. 26-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Lynch

(a) Residence: No. Washington St. D C Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - Gov.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME Michael Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hanora Bennett

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington DC Date Aug 28 1936

19. UNDERTAKER Wm. J. Lee Washington
(Address) North Pierce

27 1936 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 10 1935 to Aug 26 1936

I last saw her alive on Aug 26 1936. Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	5 days

Other contributory causes of importance:

Manic depressive psychosis	1 yr
Chronic interstitial nephritis	1 yr.

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Damon P. Adams M. D.

(Address) 536 Park Ave

F. 26837

26837 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Woodlawn Road 27-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no.

2. FULL NAME Henry Plaenker

(a) Residence: No. 404 Woodlawn Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen M. Plaenker

6. DATE OF BIRTH (month, day, year) Oct 26. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shirt Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Mnfg

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Plaenker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Schweduer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Rhea Eugenia Welch

(Address) 404 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 29 1936

19. UNDERTAKER Mr. Mrs. John W. Geufel & Son

(Address) 501 W. Fayette St.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936, to Aug. 26, 1936

I last saw h alive on Aug. 25 1936. Death is said to have occurred on the date stated above, at 7.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Arteriosclerosis Obesity	yrs.
2 Hypertension	yrs.
3 Cerebral Haemorrhage	Aug 25
4 Acute Myocardial Insufficiency	Aug 26.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter L Krupenwider M. D.

(Address) 1114 N Paul St

F 26838

F 26838 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 S. Poppleton St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Louise H. Bieberbach

(a) Residence: No. 133 S. Poppleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed, or~~ divorced ~~HUSBAND~~ of (or) WIFE of Ernest Bieberbach

6. DATE OF BIRTH (month, day, year) Sept 1st 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Hetling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Pennsmith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alfred O'Farrell
(Address) 625 Seaboard Bldg

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 29th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

[illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17th 1936 to Aug 25th 1936

I last saw her alive on ~~Aug 25~~ Aug 25 1936 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Aug 17
Emphysema	
(Coma)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David A. Strayhorn M. D.

(Address) 838 W. Lombard St.

F 26839

M. D. B 1268-9

26839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balt. Gen. Hospital, 191 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 ..... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? yes ..... mos. ..... ds.

2. FULL NAME Joseph Kopzik
If U. S. Veteran specify WAR .....

(a) Residence: No. 513 S. Callington ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Kopzik.

6. DATE OF BIRTH (month, day, year) March 7

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	50	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Austria,

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Austria,

17. INFORMANT Louis J. Kopzik,
(Address) 513 S. Callington

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Aug 27. 1936

19. UNDERTAKER Wm S. Zialkowski
(Address) 2007 Eastern ave.

27 1936 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above, at about 8 P.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) O Hagen, M. D.
Coroner
(Address) 1215 Hanover

F 26840

26840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Gwynns Falls Pky St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvin Rigby Whiting. If U. S. Veteran specify WAR World

(a) Residence: No. 3003 Gwynns Falls Pkwy St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mildred Betts Whiting.

6. DATE OF BIRTH (month, day, year) June 12.1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (ditto)

10. Date deceased last worked at this occupation (month and year) August 1936

11. Total time (years) spent in this occupation 3 Years

12. BIRTHPLACE (city or town) (State or country) Winston-Salem N.C.

FATHER

13. NAME Edward J.Whiting.

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Mary L.Sparks,

16. BIRTHPLACE (city or town) (State or country) Queen Annes Co.Md.

17. INFORMANT Mrs Mildred B. Whiting

(Address) 3003 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date AUG 29 1936 19....

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

27 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 27 1936 19....

22. I HEREBY CERTIFY, That I attended deceased from April, 1936 to Aug 27, 1936

I last saw him alive on Aug 26, 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchogenic Carcinoma of Lung	
Other contributory causes of importance:	
NO	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) E. Eugene Covington, M. D.

(Address) 2341 Edmondson ave. Baltimore

F 26841

M. D. B 1268-9

26841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. H. Brown

(a) Residence: No. Glyndon Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane A. Brown

6. DATE OF BIRTH (month, day, year) May 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Wm. H. Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Caroline Diggs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Filmore Brown

(Address) Glyndon Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Piney Grove Date Aug 30, 1936

19. UNDERTAKER J. F. Leise & Sons

(Address) J. Reisterstown Md

Aug 27 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstital Nephritis	
Uremia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R. K. Sellers M. D.
Coroner

(Address) 2737 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

Rosenbush

F 26842

26842 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Entrance Lake Drive 13-1

CITY OF BALTIMORE: (No. Esplanade Aprt. St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MYER BOSENBUSH?.

(a) Residence: No. Esplanade Aprt. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hettie Rosenbush

6. DATE OF BIRTH (month, day, year) June 20th. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer, at Lt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samson Rosenbush

14. BIRTHPLACE (city or town) (State or country) Germany,

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) ~~Mrs Hettie Rosenbush~~

17. INFORMANT Mrs Hettie Rosenbush

(Address) Esplanade Aprt

18. BURIAL, CREMATION, OR REMOVAL

Place Bath Helm Date Aug 28 1936

19. UNDERTAKER David Rondheim & Son

(Address) 1902 Eaton St

Huntington for Holmes, MD

20. FILED AUG 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26th. 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Coronary occlusion	8/27/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Edw Duden Lowe M. D.
Coroner

(Address) Coroner's

F 26843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 136

CITY OF BALTIMORE: (No. 27-12 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Sullivan (Nannie Marie Sullivan)

(a) Residence: No. 100 Witherspoon St., Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sullivan

6. DATE OF BIRTH (month, day, year): Feb-13-58

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: George Brown

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Martha Braithwaite

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Aug. 28 1936

19. UNDERTAKER: Jos. H. Cook
(Address) 1003 N. Baltimore St.

AUG 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1936 to Aug 26 1936

I last saw her alive on Aug 26 1936 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 8-24-36
due to gall-stone ileus

Other contributory causes of importance:
Gall-stones

Was an operation performed? Yes Date of 8-26-36

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Paul A. Kimmel, M. D.

(Address) The Johns Hopkins Hospital

F 26844

F 26844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1176

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Mary Arnold

(a) Residence: No. 3203 Virginia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	~~Married~~ Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ James William Arnold

6. DATE OF BIRTH (month, day, year) December 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S FATHER

13. NAME Samuel J. Hook

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary A. Hooker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. W. L. Boyd

(Address) 3725 Oakmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug. 29 1936

19. UNDERTAKER Fox & Cook

(Address) 1003 W. Baltimore St.

FILED ... 19 ... Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936, to Aug 26, 1936.

I last saw her alive on Aug 26, 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction due to impacted gall stone in intestine — Date of onset 7/15/36

Other contributory causes of importance:

Cholecystitis

Cholelithiasis

Was an operation performed? yes Date of 8/25/36

For what disease or injury? Intestinal obstruction

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

F 26845

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26845

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4613 (St.) Harford Road (Ward) 27-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Byrl Bates JR. If U. S. Veteran specify WAR No Record

(a) Residence: No. 4613 Harford Road. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 14, 1919.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16 yrs.	11 mos.	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No Occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Borough School

10. Date deceased last worked at this occupation (month and year) 8/25/36

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Byrl Bates SR.

14. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER

15. MAIDEN NAME Ruth A. Bramberry

16. BIRTHPLACE (city or town) (State or country) Baltimore.

17. INFORMANT (Address) Mrs. Ruth A. Bates 4613 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date Aug 29th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

AUG 28 1936 E. Fallstown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1936 to Aug 26 1936

I last saw him alive on Aug. 26 1936. Death is said to have occurred on the date stated above, at 12.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	2 yrs.
Other contributory causes of importance:	
Cardiac Decompensation.	1 Day.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James E. White M. D.

(Address) 5102 Harford Rd.

F 26846

26846 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 711 West Lombard St. H 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran, specify War No Record

2. FULL NAME Victoria Juszkiewicz

(a) Residence: No. 711 West Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Juszkiewicz

6. DATE OF BIRTH (month, day, year) Aug. 27 - 36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 20 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Josephine Chaney
(Address) 711 West Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 29 1936

19. UNDERTAKER Williams Cook Street
(Address) 1217 St Paul

20. FILED Aug 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27. 1936

22. I HEREBY CERTIFY. That I attended deceased from Aug. 15. 1936 to Aug. 27. 1936
I last saw h[illegible] alive on Aug. 27. 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Instant Death

Other contributory causes of importance:

None

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? Aprist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Norton, M. D.
(Address) 888 W. Lombard St

AUG 26 1936

M. D. B. 1268-9

F 26847

F 26847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 122-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward 4-3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruby E Drummond

If U. S. Veteran specify WAR .....

(a) Residence: No. 1924 Madison Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ellsworth Drummond

14. BIRTHPLACE (city or town) (State or country) U S A

MOTHER

15. MAIDEN NAME Zeba Lindsay

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Lindsay

(Address) 1924 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Aug 28, 1936

19. UNDERTAKER Thomas E. Kelly

(Address) 1323 Pressman St

20. FILED AUG 28 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	
Acute Bacillary Dysentery.	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo C Callen M. D.

Coroner

(Address) 30 E Augusta St

OCCUPATION IS VERY important. See instructions on back of certificate.

26848

F 26848

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 138

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-16 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Lucas

(a) Residence: No. 4720 Parkheights Av. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) New Born

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of New Born

6. DATE OF BIRTH (month, day, year) Aug 22, 1936

7. AGE Years 0 Months 0 Days 4 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Born

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mercy Hospital Balto. Maryland

FATHER

13. NAME William Samuel Lucas

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Maryland

MOTHER

15. MAIDEN NAME Agnes Wegathan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 28 1936

19. UNDERTAKER John F. Denny

(Address) 75 Light St.

FILED AUG 29 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1936 to Aug. 26, 1936

I last saw him alive on Aug. 26, 1936. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Bleeding from circumcision

Date of onset

Other contributory causes of importance:

Hemophilia

Was an operation performed? yes Date of Aug 25, 1936

For what disease or injury? —

Name of operation circumcision Date of Aug 25,

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond S. Tipin, M. D.

(Address) Mercy Hospital

26849 F 26849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hosp. St., 15-8 Ward)

Length of residence in city or town where death occurred 30 yrs. ..mos. ..ds. How long in U. S. If of foreign birth? 30 yrs. ..mos. ..ds.

2. FULL NAME Moses Trivas

(a) Residence: No. 3409 Mondawmin Rd St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie Trivas

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. Mem. Date 8/28/36

19. UNDERTAKER Sanitary Funeral Home
(Address) 1419 E. Baltimore St.

20. Filed 19..

G 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1936 to Aug. 27 1936.

I last saw him alive on Aug. 27 1936 Death is said to have occurred on the date stated above, at 5.13 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach — Date of onset 11/36

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of

What test confirmed diagnosis Biopsy Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul E Carliner M. D.

(Address) 2311 Garrison Blvd

F 26850

F 26850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Merrymount Rd. St., Roland Park Ward) 27-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Turner Mackall

(a) Residence: No. 12 Merrymount Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Mackall

6. DATE OF BIRTH (month, day, year) Feb. 15, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton (State or country) Md.

FATHER

13. NAME J. Frank Turner

14. BIRTHPLACE (city or town) Easton (State or country) Md.

MOTHER

15. MAIDEN NAME Sallie Hopkins

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT John N. Mackall

(Address) 12 Merrymount Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date 8 28 36

19. UNDERTAKER John F. Mitchell & Sons, Inc.

(Address) 1911 Linden Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1936 to Aug 26 1936

I last saw her alive on Aug 26 1936 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Intra Cranial Hemorrhage

Ruptured Aneurysm Rt. Internal Carotid Artery.

Other contributory causes of importance:

Date of onset
about

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W A Brady M. D.

(Address) 1403 Park Ave.

26851

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26851

CERTIFICATE OF DEATH

34-95-13

Registered No. #16607

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 16 Ward 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Bishop

(a) Residence: No. Harford County St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Buchanan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Harford Co. Md. Date 8/29/1936

19. UNDERTAKER Francis J. Abernathy
(Address) 578 W. Biddle St.

AUG 28 1936

ED 19 Finger Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1936 to 8-25, 1936

I last saw him alive on 8-25, 1936 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-7-1936
Hypertension Cardio-vascular Disease	1934

Other contributory causes of importance:

Syphilis	Unk

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

M. D. B. No. 26852

HEALTH DEPARTMENT—CITY OF BALTIMORE 26852

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 784 E. 28th St., 9-L Ward)
Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR Civil War

2. FULL NAME Joseph Thomas Evans
(a) Residence: No. 784 E. 28th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny

6. DATE OF BIRTH (month, day, year) May 25 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly Gardiner
10. Date deceased last worked at this occupation (month and year) Key West
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Jacksonville (State or country) Florida

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Fanny Evans
(Address) 784 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug 29 1936

19. UNDERTAKER Mrs Peter P. Elliott Daughter
(Address) 429 Gardiner Ave.

20. FILED ... 19... Huntington Williamson, W. Va.
AUG 28 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro enteritis	

Other contributory causes of importance:
Senility.

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) 610 E. Fayette St.

F 26853

F 26853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3639 Liberty Heights St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... 2 ... yrs. 5 ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Rothschild

(a) Residence: No. 3639 Liberty Heights Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veilchen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Louis

(Address) 1472 Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebrew Date 8/28/36

19. UNDERTAKER Levi Levi Inc.

(Address) 1439 E. Baltimore St.

20. FILED 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/36 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1936 to Aug. 28 1936

I last saw her alive on Aug. 27 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary-Vascular-Renal Disease	
Generalized Arteriosclerosis	
Senility	

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Wm. Rumsfeld M. D.

(Address) Temple Lodge Apts

M. D. F 1268-9

26854

F 26854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary, 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Theodosia R Green

(a) Residence: No. Oxford, Pennsylvania St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles A Green

6. DATE OF BIRTH (month, day, year) June 19 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thomasville Ga.

FATHER

13. NAME Louis Richards

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Margaret Starr

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Charles A Green
(Address) Owens Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hill Philadelphia Pa Date 8/29 1936

19. UNDERTAKER Anthony Wolfe
(Address) 1200 Pine St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1936. to Aug 27 1936.

I last saw h.s.r. alive on 8-27-36 19 . Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary with metastasis Carcinomatosis	

Other contributory causes of importance:

Name of operation. Exploratory Date of 8-21-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) G. L. Ackerman M. D.

(Address) Church Home & Infir.

28 1936

26855

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26855

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., (Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Fischbach (FISCHBACH) If U. S. Veteran specify WAR

(a) Residence: No. 1735 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fischbach

6. DATE OF BIRTH (month, day, year) Dec 30. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Daniel Fischbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Fischbach
(Address) 1735 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug 31 1936

19. UNDERTAKER Margaret J. Flynn
(Address) 1220 Light St.

AUG 28 1936 19 E. [illegible] Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1936 to Aug 27 1936

I last saw h[illegible] alive on Aug 27 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchial	8/22/36
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/25/36

For what disease or injury? Intestinal Obstruction.

Name of operation Exploratory Laparotomy Date of 8/25/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

[illegible] Hartwell M. D.
(Address) South Balto Gen Hosp.

26856
M. D. B 1268-8

F 26856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Wilcox St., 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Henry Senhardt

(a) Residence: No. 1023 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Nov 4/84

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	51	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Brewing Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) Balt
(State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Widdemeyer

16. BIRTHPLACE (city or town) Balt
(State or country) Md

17. INFORMANT Mrs Anna Senhardt
(Address) 1023 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy Redeemer Date 8/31/36 19

19. UNDERTAKER Conan W. Conklin
(Address) 924 Eager St

20. FILED AUG 28 1936 Thomas J. Pullen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	
Hanging by the neck	
Other contributory causes of importance:	
Probably temporary insanity	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Aug —, 1936

Where did injury occur? Baltimore Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury hanging by neck

Nature of injury strangulation - Head bed sheet

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. M. Wright, M. D.
Coroner

(Address) 101 S. Howard St.

= 16495 F 26857

26857 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

1. PLACE OF DEATH

Registered No. 16495

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Richard Lazelle

(a) Residence: No. 730 E. Pratt St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/23/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME August Lazelle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Aug 28 1936

19. UNDERTAKER [illegible] Health.
(Address)

28 1936 [illegible] Registrar.

2555 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1936 to 8-23, 1936

I last saw h.1m alive on 8-23, 1936 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varix of Bladder with Hemorrhage	8-22-36
Cerebral Thrombosis	8-18-36

Other contributory causes of importance:

Arteriosclerosis	Unk

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—MAT—1500 Blks.

F 26858

F 26858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 S. Gilmor ST. 19 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Meyers

(a) RESIDENCE NO. 327 S. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William K. Meyers

6 DATE OF BIRTH (month, day, and year): June 2nd 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87.	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Laurel Md

PARENTS

10 NAME OF FATHER: John Bush

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Harriet Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thomas Meyers

(Address) 327 S Gilmor st

15 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 27 1936

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to August 27 1936, that I last saw her alive on August 26, 1936, and that death occurred, on the date stated above, at 3:30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Heat Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Nathan Romm, M. D.

, 19 (Address) 206 S. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Augustine Cem

DATE OF BURIAL: Aug 29th 193

20 UNDERTAKER: A. Jones

ADDRESS: 111 S Gilmor st

TION is very important. See instructions on back of certificates.

F 26859

26859 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 1-5-23

CITY OF BALTIMORE: (No. Tuberculosis Division Baltimore City Hospitals St., ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Spasaro (14871)

(a) Residence: No. 2215 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie (Dead)

6. DATE OF BIRTH (month, day, year) July 16, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Spasaro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Annie (?)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer and Date Aug 29 1936

19. UNDERTAKER Frank Della Mea
(Address) 52 N. Morley Pl

28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936 to August 26, 1936

I last saw him alive on August 26, 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm H. Feldman, M. D.

(Address) Baltimore City Hospitals

F 26860

M. D. B. 1268

F 26860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Gen'l Hosp 210-M Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Stang Jr If U. S. Veteran specify WAR .....

(a) Residence: No. Randalls Town Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Stone Corp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Randallstown Md

FATHER

13. NAME William E Stang

14. BIRTHPLACE (city or town) (State or country) Randallstown Md

MOTHER

15. MAIDEN NAME Rose Martel

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Wm E Stang Sr
(Address) Randallstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Family Cem Date Aug 31 1936

19. UNDERTAKER Easton Sons
(Address) Forest City

20. FILED ..... 19 .....
Registrar.

AUG 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/36 9:20 AM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Toxic Nephritis	5 Wks
Ruptured Kidney	
Tuberculosis	
Lacerated Rt Leg	
Other contributory causes of importance:	
Syphilis	8/27/36

Was an operation performed? Yes Date of 8/26/36

For what disease or injury? Ruptured Kidney

Name of operation Cystotomy Date of 8/26

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/26 1936

Where did injury occur? Foot of Hanover Pulaski Monument
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Ran into Iron wheel

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Herbert Gradwell Adele M. D.
Coroner

(Address) .....

26861 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26861

CERTIFICATE OF DEATH

✓93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Southern Ave 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Hohlbein

(a) Residence: No. 3908 Southern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elsie M Hohlbein

6. DATE OF BIRTH (month, day, year) April 2, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Hohlbein

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Frank

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Elsie Hohlbein
(Address) 3903 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Aug 31, 1936

19. UNDERTAKER John Wilson
(Address) 2108 Orleans St

AUG 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1936 to Aug 27, 1936

I last saw him alive on Aug 26, 1936 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 1 yr ago
Other contributory causes of importance: Cardiac Decompensation	Aug 2 1936

Was an operation performed? No Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green, M. D.

(Address) 5543 Harford Rd Baltimore Md

M. D. B 1268-8

26862

F 26862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stowd A Wilson

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug 30 — 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	27 ? 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Fincastle Virginia

FATHER

13. NAME Thomas J Wilson

14. BIRTHPLACE (city or town) (State or country) Bedetourt Co Virginia

MOTHER

15. MAIDEN NAME Susan James

16. BIRTHPLACE (city or town) (State or country) Fincastle Virginia

17. INFORMANT Thomas A Wilson Jr

(Address) Clifton Forge Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Clifton Forge Va Date Aug 29. 1936

19. UNDERTAKER Charles P Powell

(Address) 2505 Longreen Ave

28 1936 Lester Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 2 40 AM

21. DATE OF DEATH (month, day, year) Aug 26th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured Back of Knee	8/24/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/26, 1936

Where did injury occur? Mad Bided near Ecaffe Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How was injury sustained by Auto while

Nature of injury Abrasions Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Bruley Auto M. D. Coroner

(Address) 407 N Chapel

F 26863

M. D. B. 1268-9

F 26863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME J. Percy Wade

(a) Residence: No. 4221 Fernhill Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary A. Wade

6. DATE OF BIRTH (month, day, year) Oct 1, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Psychiatrist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Virginia

FATHER

13. NAME John J. Wade

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary A. Wade

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Williams J. Manley
(Address) 4221 Fernhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Aug 29, 1936

19. UNDERTAKER Harry G. Armacost & Son
(Address) 4204 Edgewood Ave.

28 1936 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in brain,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8/27, 1936

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Hanlon Park.

Manner of injury Shot with Pistol.

Nature of injury Bullet wound in head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1715 Hanover

26864 F 26864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Lake Ave St., 9-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilfred C Klothe Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 19 Hillmeyer Ave Ward. On Vacation here

(Usual place of abode) Fort Washington Long Island (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/7/31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Washington Long Island N.Y.

FATHER

13. NAME Wilfred C Klothe

14. BIRTHPLACE (city or town) (State or country) Long Island N.Y.

MOTHER

15. MAIDEN NAME Adeline Clark

16. BIRTHPLACE (city or town) (State or country) Washington Conn.

17. INFORMANT Wilfred C Klothe

(Address) 19 Hillmeyer Ave - Ld.

18. BURIAL, CREMATION, OR REMOVAL Fort Washington Md. 8/31, 1936

Place Long Island Md.

19. UNDERTAKER Leonard Rigby

(Address) 2205 Harford Rd

AUG 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936 to Aug 28, 1936

I last saw him alive on Aug 28, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabar Pneumonia	8/17/36
Bilateral	
Other contributory causes of importance: Lues. Atitus media	8/18/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ~ 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Leo L Zimmerman M.D.

(Address) 2658 Harford Rd

F 26865

26865 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Payson St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Antonio Brocato

(a) Residence: No. 611 S. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Louise Raith

6. DATE OF BIRTH (month, day, year) April 15, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary Store (Retired owner)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Samuel Brocato

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Frances Brocato

(Address) 611 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/31/36

19. UNDERTAKER Harry H. Writzke

(Address) 4101 Edmondson Ave

[illegible] Wilkens Ave

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936, to Aug 28, 1936

I last saw him alive on Aug 28, 1936. Death is said to have occurred on the date stated above, at 830A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert Kennedy M. D.

(Address) 1934 Wilkens Ave

F 26666

26866 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 9-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 Harford Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. Unknown mos. long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Alma P. Hornig

(a) Residence: No. 2842 Harford Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Gotthard C. T. Hornig

6. DATE OF BIRTH (month, day, year) May 11th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Moritz Mehnes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Paulina Vogel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gotthard C. T. Hornig

(Address) 2842 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 29th 1936

19. UNDERTAKER Wm Ash

(Address) 1217 St Paul St

Registrar

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17-1934 to 8-26-1936

I last saw her alive on 8-26-1936 Death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease, Arteriosclerosis & Hypertension	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Lybert M. D.

(Address) 2802 Halford Ave

M. D. B 1268-9

F. 26867

26867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beverly Woody

If U. S. Veteran specify WAR .....

(a) Residence: No. 504 W. Biddle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) Aug 27 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	28	2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurens South Carolina

FATHER

13. NAME Samuel Woody

14. BIRTHPLACE (city or town) (State or country) Laurens S C.

MOTHER

15. MAIDEN NAME Caroline Scott

16. BIRTHPLACE (city or town) (State or country) Laurens Carolina

17. INFORMANT Lula Hampton Sister

(Address) 507 Orford St

18. BURIAL, CREMATION, OR REMOVAL

Laurens S C Date Aug 30 1936

19. UNDERTAKER C. Collins Holland.

(Address) 2 S. Broad Baltimore

29 1936 19 ..... Clinton Williams Reg. No. 1191

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. H. Wright, M. D. Coroner

(Address) 1010 S. Ellwood Ave

F 26868 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26868

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 Fs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Smith.

(a) Residence: No. 3014 Roselawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1929.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	1 2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School. Good
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore.
(State or country) Maryland.

FATHER

13. NAME Marion C. Smith.
14. BIRTHPLACE (city or town) Maryland.
(State or country)

MOTHER

15. MAIDEN NAME Lillian Hammond.
16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Marion C. Smith
(Address) 3014 Roselawn ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arems Cemetery Date August 30, 1936

19. UNDERTAKER Howard N. Blight Jr
(Address) 4914 Belair Road.

Huntington Williams

AUG 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1PM. 8-27-, 1936 to 7PM 8-27, 1936
I last saw him alive on 8-27, 1936 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture Appendix & Peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-27-1936
For what disease or injury? Rupture Appendix
Name of operation Appendectomy Date of 8-27-36
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lawrence H. Wells, M. D.
(Address) Mercy Hospital

F 26869

26869 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

15-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Westwood Ave. St., ... Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cassie Riley Owens

(a) Residence: No. 3005 Westwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oliver S. Owens

6. DATE OF BIRTH (month, day, year) June 3, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	82	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME S. W. Hancock

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Oliver L. Owens.
(Address) 3005 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Aug. 31, 1936

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) 1 N Gay St.

29 AUG 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936, to Aug 28, 1936.

I last saw h[illegible] alive on Aug 28, 1936. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Myocarditis.	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles J. Weller, M. D.

(Address) 516 Park Heights Ave

F 26870

F 26870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 Park ave. St., 13-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lewis Powell Sr.

(a) Residence: No. 2038 Park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Powell

6. DATE OF BIRTH (month, day, year) Aug 25 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	0	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L. Powell
14. BIRTHPLACE (city or town) (State or country) Baltimore Calvert Co Md

MOTHER

15. MAIDEN NAME Clementine Wall
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs L. Powell Jr
(Address) 2038 Brightside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 31 1936

19. UNDERTAKER J. Thomas Johns & Son
(Address) Park & Penna

Aug 27 1936 19 Registered

Huntington Williams, MD

RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 24. 1936. to August 28, 1936
I last saw him alive on August 27 1936 Death is said to have occurred on the date stated above, at 12.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	8/24/36
Other contributory causes of importance: Arterial Hypertension	4/12/34

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Maurice 2. Shaver M. D.

(Address) 3300 N. North Ave

26871 F 26871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5900 (St.) Breckenridge Ave (Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cordelia A Ruddock

(a) Residence: No. 5900 Breckenridge Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Edmund Ruddock

6. DATE OF BIRTH (month, day, year): Apl. 8 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Wm H. Dallier

14. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

MOTHER

15. MAIDEN NAME: Harriett A. Measel

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT: Mrs Grace Schultz

(Address) 501 E 34th St.

18. BURIAL, CREMATION, OR REMOVAL: London Park Aug 29 36

Place Date

19. UNDERTAKER: Wm Tuckey Sons

(Address) Knight & Haines.

Lexington Williams Co. Inc.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8. 1936. to August 27 1936.

I last saw h alive on August 26. 1936. Death is said to have occurred on the date stated above, at 530a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	Aug 24 1936
	cont
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Gordon Reed M. D.

(Address) 101 E Mt Vernon Place

26872

HEALTH DEPARTMENT—CITY OF BALTIMORE

26872

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH University Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., W-V ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillis Ann Mitchell

(a) Residence: No. near Bel Air Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	sngl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Franklin D. Mitchell

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Annabell Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas Barnes

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Aug 29 1936

19. UNDERTAKER Dean & Fulton

(Address) Bel Air Md

AUG 29 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to Aug 28, 1936

I last saw her alive on Aug 25, 1936 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Lymphocytic Meningitis — Date of onset 4/24/36

Hydrocephalus — ovw

Other contributory causes of importance:

Bronchopneumonia — 4/24/36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? LP Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jolene M. Warren M. D.

(Address) University Hosp

Spec.—12-9-25—A Co.—200 Pks.

F 26873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26873

CERTIFICATE OF DEATH.

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. 623 W Conway St. 22-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mae Montgomery

(a) RESIDENCE NO. 623 W Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred | yrs. | mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grover Montgomery

6 DATE OF BIRTH (month, day, and year): May 1, 1897

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
39	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer

9 BIRTHPLACE (city or town): Spartanburg

(State or country): S. C.

PARENTS

10 NAME OF FATHER: Albert Allen

11 BIRTHPLACE OF FATHER (city or town)

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Mary Legg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): S C

14 Informant (Mrs. Annie Montgomery)

(Address) 623 W. Conway

15 Filed Aug 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 26 1936

17 I HEREBY CERTIFY, That I attended deceased from Aug 24 1936, to Aug 26, 1936, that I last saw h.. alive on Aug 26, 1936, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Intra Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm H. Watts, M. D.

Aug 26 1936 (Address) 515 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Spartanburg S. C.

Date of Burial: August 31st 1936

20 UNDERTAKER: Joseph A Sivley

ADDRESS: 1049 Monroe

very important. See instructions on back of certificates.

26874 F 26874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Bon Secours Hospital. Balto. Md Registered No.

CITY OF BALTIMORE: (No. St., 21-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? 54 yrs. mos. ds.

2. FULL NAME Mrs Louise Deichmiller

If U. S. Veteran specify WAR

(a) Residence: No. 1227 S. Carey St. Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick S. Deichmiller

6. DATE OF BIRTH (month, day, year) April 29 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME John

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs W.R. Merriam,
(Address) 643 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date AUG 31 1936

19. UNDERTAKER Sam'l Little
(Address) 2706 Edmondson Ave

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936 to Aug 27, 1936

I last saw her alive on Aug. 27, 1936 Death is said to have occurred on the date stated above, at 10.45 m. P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-19-36

Other contributory causes of importance:

Essential Hypertension.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. L. Kosmak M. D.

(Address) Bon Secours Hosp

F 26875

26875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Jefferson St. 7-5 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Milligan

(a) Residence: No. 1504 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/19/22

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
14		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school-girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry Trusty

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lillie Milligan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lillie Quinn

(Address) 1504 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 8/31/36

19. UNDERTAKER Robert F. Williams

(Address) 15-15 Presidents St

20. FILED 8/31/36 Registrar.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 1936 to 8/26, 1936

I last saw her alive on 8/24, 1936. Death is said to have occurred on the date stated above, at 10.05 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Roger I Bonny M. D.

(Address) 1500 E. Madison St

M. D. B 1268-9

F 26876

26876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Alice Anna St., 2nd 3rd Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tekla Chrzanowska

If U. S. Veteran specify WAR.....

(a) Residence: No. 1713 Alice Anna St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Nov 25 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation sold

12. BIRTHPLACE (city or town) (State or country) Austria Poland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Kalita

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Biebronska Sister

(Address) 1713 Alice Anna St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place St. Stanislaus Date Aug. 31, 1936

19. UNDERTAKER M. J. Sadowski Sons

(Address) 1804 Eastern Ave

Filed Aug 29 1936 By Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright, M. D.

Coroner

(Address) 101 S. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

F 26877

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26877

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 W. Fairmount St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Eckhardt

(a) Residence: No. 1934 W. Fairmount St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Eckhardt

6. DATE OF BIRTH (month, day, year) June 2 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	5	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ? odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lewis Eckhardt

(Address) 1934 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 29 1936

19. UNDERTAKER F. B. Shippen & Son

(Address) 1300 Eutaw Place

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Aug 26 1936

I last saw him alive on Aug 25 1936. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	1 day
Cerebral Cardiac Decalcification	1 day

Other contributory causes of importance:

Chronic Myocarditis
Chronic Nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Gallo M. D.

(Address) 4 W. Fuelton Ave

26878 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 26878

CERTIFICATE OF DEATH

✓121

1. PLACE OF DEATH — 16665

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E Yent

(a) Residence: No. 2037 Jefferson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-22-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. himself 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Yent

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Misskelly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Aug. 31 19 36

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED 19 Registrar

AUG 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1936 to 8-27 1936

I last saw him alive on 8-27 1936 Death is said to have occurred on the date stated above, at 2 18 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	4 days
Other contributory causes of importance: Bronchopneumonia	2 days

Was an operation performed? yes Date of 8-25-36

For what disease or injury? Acute appendicitis

What test confirmed diagnosis? operation, there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Hoover M. D.

(Address) Balt. City Hospitals

26879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26879

CERTIFICATE OF DEATH

1/131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3242 Fait Ave. St., 76-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John S. Schneider.

(a) Residence: No. 3242 Fait Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Nollie Schneider

6. DATE OF BIRTH (month, day, year) Aug. 14/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Schneider

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Mock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Knoerlein (Sister)

(Address) 3242 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Aug 31/36

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 S. Wolfe St.

20. FILED 19 [illegible]

AUG 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 19 36 to Aug 28 19 36

I last saw him alive on Aug 28 19 36. Death is said to have occurred on the date stated above, at 1/45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown

Other contributory causes of importance:

Acute Myocarditis	8/24/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harvey B. Tilden M. D.

(Address) 315 S. Highland Ave

M. F^B 26880 F 26880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Murray

If U. S. Veteran specify WAR

(a) Residence: No. 1700 N. Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Aug 18 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant son

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Irvin

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mildred Scott

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs. Mildred Murray

(Address) 1700 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/29 1936

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED 8/29 1936 Herrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inq thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inq find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Malformation	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. R. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 26881

F 26881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 12-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs John Leroy Boor (Mary 6.

If U. S. Veteran specify WAR

(a) Residence: No. Petersburg, West Virginia Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Boor.

6. DATE OF BIRTH (month, day, year) Oct 1, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grant Co. W. Va.

FATHER

13. NAME George Hallinger

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Ida Inskeep.

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT John L. Boor.

(Address) Petersburg, W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Keyser, W. Va. Date Aug 01 1936

19. UNDERTAKER C. Heironimus Son.

(Address) 365-12 Christmas.

AUG 3 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1935 to Aug. 29 1936

I last saw her alive on Aug. 28 1936. Death is said to have occurred on the date stated above, at 6:55 A m.

The principal cause of death and related causes of importance were as follows:

Ruptured appendix, peritonitis, multiple burrowing sinuses and abscesses in pelvis & large muscles of thigh.

Date of onset May 1935

Other contributory causes of importance:

Terminal Hypostatic Broncho-pneumonia.

Was an operation performed? appendectomy Date of May, 1935

For what disease or injury? Rupt. Appendix

Name of operation Incision & Drainage Abscess Date of 6-29-36

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Leslie Fremeau M. D.

(Address) Union Mem. Hosp.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 26882

F 26882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. 2w 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S Washington St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Mary McCusker

(a) Residence: No. 510 S Washington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 19-1852

7. AGE: Years 84 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Thomas McCusker

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Ann Kerr

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Loretta McCusker
(Address) 510 S Washington

18. BURIAL, CREMATION, OR REMOVAL: Mount Calvary - Aug 31 1936
(Date)

19. UNDERTAKER: Jos J Dyer & Son
(Address) 156 N Eutaw Eugene ave

20. FILED 19 [illegible] Registrar

AUG 30 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 28 36 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1936 to Aug 28 1936

I last saw h[illegible] alive on Aug 28 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Arterial Hypertension	Aug 27 36
Chr Arteriosclerosis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Chr Cerebral Nephritis
Pulmonary Edema

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of Injury ———

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ———

(Signed) [illegible] M. D.

(Address) 156 N Eutaw Ave

F 26883

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26883

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4100 Overlea Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Fry

(a) Residence: No. 4100 Overlea Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William S. Fry

6. DATE OF BIRTH (month, day, year) March 26th 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

FATHER

13. NAME James Mainley

14. BIRTHPLACE (city or town) Unknown (State or country) Virginia

MOTHER

15. MAIDEN NAME Agnes Ellis

16. BIRTHPLACE (city or town) Unknown (State or country) England

17. INFORMANT Grace J. Mainley
(Address) 4100 Overlea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date Aug. 31 36

19. UNDERTAKER Frederick Lockhart & Son
(Address) 7501 Belair Road

20. FILED Aug 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1929 to Aug 29 1936

I last saw h.er alive on Aug 28 1936 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7 yrs.
Chronic nephritis	7 yrs
Other contributory causes of importance:	
Acute pulmonary oedema	2 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical signs an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abel Lichter M. D.
(Address) 4116 Northern Parkway

F 26884 F 26884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Bibbens

(a) Residence: No. 1023 Rutland Ave St., 7-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 19, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2 14	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jesse Bibbens

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Lula Munson

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cohere Date Aug 31, 19 36

19. UNDERTAKER Edw Bryan
(Address) 1645 Pleasant St

20. FILED 19 Registrar.

AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936, to Aug 28, 1936

I last saw him alive on Aug 28, 1936. Death is said to have occurred on the date stated above, at 3 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, acute bacillary	8-15-36
Lobar pneumonia	8-24-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Stool culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker, M. D.

(Address)

M. D. B 1268-9

F 26885

F 26885 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93c

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1923 E. Pratt St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Blumberg

If U. S. Veteran specify WAR.....

(a) Residence: No. 1923 E. Pratt St., 2-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ephraim

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Getta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Jennie Blumberg

(Address) 1923 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7/30/36

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E. Baltimore St

20. FILED Huntington Williams, Registrar.

7/30/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest? Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright M. D.

Coroner

(Address) 1010 E. Fayette St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 26886

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26886

CERTIFICATE OF DEATH

X 51C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3217 Elmora av. St. 8 Ward)

Length of residence in city or town where death occurred 0 yrs. 5 mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Spencer Murphy

(a) Residence: No. 3217 Elmora Ave. St. Scotland, St. Mary's Co., Md. Ward. St. Mary's Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie E. Murphy

6. DATE OF BIRTH (month, day, year) Sept-9-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 1986

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 or 8 mos. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Rev. R. R. Murphy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margt. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Brother, E. V. Murphy

(Address) 3215 Bryan Oak Av.

18. BURIAL, CREMATION, OR REMOVAL Co., Md.

Place St. Mary's City, St. Mary's Date Aug 30 19 36

19. UNDERTAKER Stuart & Mowen Co

(Address) North Av. cor. Mad. Ave. 108 W. Monument

20. [illegible] Aug 30 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1936, to Aug. 30 1936

I last saw him alive on Aug. 25, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of prostate	about 6 or 10 mos. ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) J. F. Thornell, M. D.

(Address) 3210 Tioga Parkway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1382

26887

F 26887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Angela L. Haddaway

If U. S. Veteran specify WAR .....

(a) Residence: No. 1809 N. Monroe St., 15 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel W.

6. DATE OF BIRTH (month, day, year) Sept. 24-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56 57	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Michael Veach

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Rose Jackson

16. BIRTHPLACE (city or town) [redacted] (State or country) Balto Md.

17. INFORMANT Michl Veach

(Address) 1302 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Aug. 31- 1936

19. UNDERTAKER Charles D. Schwab

(Address) 505 N. Arlington Ave.

20. FILED [illegible] Registrar

AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright M. D.
Coroner

(Address) 1101 S. Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26888

26888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti. City Hospitals St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ezra J. Little

If U. S. Veteran specify WAR .....

(a) Residence: No. 3406 DuPont Ave. Ward. 27-16

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E.

6. DATE OF BIRTH (month, day, year) Jan 26 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (013 formerly butcher)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

FATHER

13. NAME Ezra J.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Georgiana (unknown)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Paul Little Son

(Address) 3405 DuPont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Deer Park Cem. Date Aug 31 1936

19. UNDERTAKER Albert M. Gregory

(Address) 440 E. North Ave

20. FILED Aug 31 1936 H. Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Weaver M. D. Coroner

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

AUG 31 1936

F 26889 ✓ F 26889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George M. Burkins (Jamie) If U. S. Veteran specify WAR

(a) Residence: No. White Hall, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. M. Burkins

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME S. Melville Sutton

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Bettie King

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mr Geo. M. Burkins (Address) White Hall, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Buried Date Sept 2, 1936

19. UNDERTAKER P. Mapleington (Address) White Hall, Md

20. FILED 19 Registrar.

AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/13/1936 to 8/31/1936

I last saw h[illegible] alive on 8/31/1936. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burn, Both Legs + back, 3rd Degree	8/13/36
Bronchial Pneumonia	8/31/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 8/13/1936

Where did injury occur? White Hall, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell over oil lamp.

Nature of injury Burn, 3rd Degree, Legs + back

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

F 26890 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26890

107-a

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 930 N. Gay ST., 10-26 (WARD)

2-FULL NAME Anna Gertrude Trang

(a) RESIDENCE NO. 930 N. Gay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 7, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	43	9 10	9 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. Wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer self

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Trang

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant May Johnson
(Address) 938 N. Gay st

15 Filed ..... 19 ..... Registrar

AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/29/36.

17 I HEREBY CERTIFY, That I attended deceased from 8/5, 1936., to 8/29, 1936.

that I last saw her alive on 8/28/36, 1936.

and that death occurred, on the date stated above, at 1 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

— (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Siegfried Fittman M. D.

, 19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Aug 31 1936

20 UNDERTAKER Frank V. Fittman

ADDRESS 1304 E. Chase

FROM IS very important. See instructions on back of certificate.

M. D. B 1268-9

F 26891

F 26891 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospt St., 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henderson Shaw

(a) Residence: No. 5036 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Blanch

6. DATE OF BIRTH (month, day, year) Feb 19 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Willard S Shaw

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Susie A Tucker

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs Blanch S Shaw (Address) 5036 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Aug 31, 1936

19. UNDERTAKER J Vernon Keckner (Address) 2301 Edmondson Ave

20. FILED 19 Registrar.

AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Aug 28, 1936

I last saw h. alive on 8-28, 1936. Death is said to have occurred on the date stated above, at 6 a: m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured duodenal ulcer	

Other contributory causes of importance:

Toxemia
Secondary Anaemia

Name of operation Repair of Ruptured duodenal ulcer Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Hoeckner, M. D.

(Address) Franklin Sq. Hospital

OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

F 26892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26892 ✓ 11-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Allen Lee Ferguson

(a) Residence: No. 2606 Chelsea Terr. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE: Lucretia G. L. Ferguson

6. DATE OF BIRTH (month, day, year): April 10 1885

7. AGE: Years 51 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chesapeake Bay Pilot
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: George A. Ferguson
14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER
15. MAIDEN NAME: Ella V. Pritchett
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Lucretia G. L. Ferguson
(Address) 2606 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: August 31st 36

19. UNDERTAKER: Chas. F. Eagles & Son
(Address) 1810 Mt. Royal Ave

20. FILED: Finzel Funeral Home, Inc.
AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-29-36

22. I HEREBY CERTIFY, That I attended deceased from 8-26-36, 19, to 8-29-36, 19
I last saw h. alive on 8-29-36, 19. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pneumonia	
Bronchio-Pneumonia	8-25-
Other contributory causes of importance: Myocardial Failure	

Was an operation performed? No Date of
For what disease or injury? No
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. P. Stathers M. D.
(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Lavin ✓ F 26893

F 26893 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Forrest Street St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Margaret Lavin

(a) Residence: No. 1115 Forrest Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
30	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael J. Lavin

14 BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Ellwood

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Lavin (Address) 1115 Forrest Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug. 31, 1936

19. UNDERTAKER Pitz Wiedefeld (Address) 814 Greenmount Ave

20. FILED 19 [illegible]

G 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to Aug 27 1936

I last saw her alive on Aug 26 1936 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary Tuberculosis	1928 (?)

Other contributory causes of importance:

Complicated disease of Kidney (?) Tuberculous Peritonitis July 1936

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Examination Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William J. Grayloc M.D.

(Address) 10 E Read St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

✓ F 26894

26894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Hanneman Ave St., 8-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas F. Peter

(a) Residence: No. 1804 Hanneman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Peter

6. DATE OF BIRTH (month, day, year) Dec. 30, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Peter

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Cihak

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Lillie T. Peter

(Address) 1804 Hanneman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 2 1936

19. UNDERTAKER Frank Coughlan Son

(Address) 1706 Ashland Ave

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to August 29 1936

I last saw ... alive on August 29 1936 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Chronic Myocardial Fibrosis

Arterial Embolism

Other contributory causes of importance:

Hypertension

Uremia

Date of onset
2
2
5-1436

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles A. Meyer M. D.

(Address) 1031 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-3

F 26895

F 26895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Streeper St. 6-1 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 57 yrs. ... mos. ... ds.

2. FULL NAME Frank Cervin

(a) Residence: No. 420 N. Streeper St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary Cervin

6. DATE OF BIRTH (month, day, year) Nov. 25 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

FATHER

13. NAME Vaclav Cervin

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Marie Vlk

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Mary Cervin
(Address) 420 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Cath. Cem. Date Aug 31. 1936

19. UNDERTAKER Frank Cvach & Son
(Address) 1106 Ashland Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5 1936 to Aug 29 1936
I last saw him alive on Aug 29 1936 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis 1062	4 yrs ago
Other contributory causes of importance:	
Hemoptysis 1362	3 days
Acute Dilatation of Heart 9504	30 min

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Vincent J. Cooke, M. D.

(Address) 845 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

61 LC 3M V

F 26896 ✓ F 26896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. 57 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4819 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. de. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Allen M Maddox

(a) Residence: No. 4819 Richard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jerome Maddox

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Etta M. Caskey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cem. Date 9/2/36, 19

19. UNDERTAKER [illegible]
(Address) Huntington Williams, M.D.

20. Filed 19 Registrar

SEP 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Aug 31, 1936

I last saw him alive on Aug 31 1936 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus septicemia	8-25-36
Meningococcus meningitis	8-25-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Francis D Schwentker, M. D.
(Address)

F. 26897

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 26897

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Wilford Ave 28-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reginald B Wilderson

(a) Residence: No. 3402 Wilford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dasie B Wilderson

6. DATE OF BIRTH (month, day, year) Oct 29 1882

7. AGE: Years 53 | Months 10 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Meats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Meats

10. Date deceased last worked at this occupation (month and year) 1924 | 11. Total time (years) spent in this occupation 15 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Wilderson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice Pilkey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Dasie B Wilderson

(Address) 3402 Wilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Aug 2nd 1936

19. UNDERTAKER Bettyman & Rose

(Address) 2244 N Charles St

Huntington Pittsburgh, Pa.

AUG 31 1936

....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Aug. 31 1936

I last saw him alive on Aug. 30 1936 Death is said to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Hypertrophy	Unknown

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so specify .....

Signed Henry Hunsdorf M. D.

(Address) 953 Hanover.

OCCUPATION is very important. See instructions on back of certificate.

F 26898

F 26898 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 6-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Mc Keowne

(a) Residence: No. 1223 W Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dominic Mc Loguire

6. DATE OF BIRTH (month, day, year) Oct 17th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME Pott S. Kelly

14. BIRTHPLACE (city or town) (State or country) West Va

MOTHER

15. MAIDEN NAME Mary J. House

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Mrs. Mary J. Kelly

(Address) 1223 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/1 36

19. UNDERTAKER John J. Coveal & Son

(Address) 901 Hollins & Mtn Huntington Pittsburgh, Pa

20. FILED ..... 19 ..... Registrar.

G 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/27/36 . 19 .... to 8/29/36 19 ...

I last saw her alive on 8/29 ... 1936 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/27/36

Other contributory causes of importance:

Chronic nephritis	1932
Hypertension	1932

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis E. Dunn, M. D.

(Address) University Hospital

F. 26899

F. 26899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-V 82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2450 Brookfield Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Sonnehill

(a) Residence: No. 2450 Brookfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towsontown Md.

FATHER

13. NAME Louis Sonnehill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Frag

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Sonnehill
(Address) 2450 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Dulaney Friendship Date Aug 31 1936

19. UNDERTAKER Harold Longheim
(Address) 1902 Eutaw Pl.

20. FILED Aug 31 1936, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936 to Aug 29, 1936.

I last saw ... alive on Aug 29, 1936 Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 week
Other contributory causes of importance:	
hypertension	2 years

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Signed) J. Frederick Leitz, M. D.

(Address) Temple Garden Apts

OCCUPATION is very important. See instructions on back of certificate.

Medical Arts Bldg.

F 26900 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26900

CERTIFICATE OF DEATH

✓ 46-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Oswego St., 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 60 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie Waleler

(a) Residence: No. 2608 Oswego St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wolf

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 73 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Charles Waleler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Pikesville Date: 8/31/36

19. UNDERTAKER: Jos. Sagner Inc.
(Address) 1439 E. Baltimore St.

20. AUG 31 19 [illegible] Funeral Home, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30/36 19

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to August 29, 1936

I last saw h[illegible] alive on August 29 1936 Death is said to have occurred on the date stated above, at 6.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Other contributory causes of importance:	
Metastases Generally distributed	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Abram H. Freed, M. D.
(Address) 316 Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 26901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26901

CERTIFICATE OF DEATH

✓159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Brtd Ct Hos. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (Premature infant) Kreamer

If U. S. Veteran specify WAR .....

(a) Residence: No. 945 S. Decker Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Aug 27/36.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 1 min.
4 days	1 mo		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. premature infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Marie Brown

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Balt Ct. Hos. records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Carnegie Institute Date 8/29/36 19

19. UNDERTAKER

(Address)

20. FILED Aug 29 1936 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance: Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Wolfe St

OCCUPATION is very important. See instructions on back of certificate.

F 26902

26902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley Bullock

(a) Residence: No. 914 Bennett Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 26, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bass Bullock

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lucy Burris

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mother

(Address) 914 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Aug 31 36

19. UNDERTAKER Bernard Stapleton

(Address) 818 Druid Hill Ave

FILED Aug 31 1936, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1936, to Aug 29, 1936

I last saw her alive on Aug 29 1936. Death is said to have occurred on the date stated above, at 1.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	8-9-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis T. Schwentker, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Aug 31 1936

F 26903 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26903

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5510 Wesley Ave. St.) Ward 25-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 0 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Calvin Edmar Mehrling

(a) Residence: No. 5510 Wesley Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of Mary I. Mehrling

6. DATE OF BIRTH (month, day, year) August 1-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rochester (Ph. to

10. Date deceased last worked at this occupation (month and year) August 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Mehrling

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Lydia A Gordon

16. BIRTHPLACE (city or town) (State or country) Utica N Y

17. INFORMANT Mrs Mary I. Mehrling

(Address) 5510 Wesley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem Date Sept 1, 36

19. UNDERTAKER Mr J Tickner & Sons

(Address) North Ave

AUG 31 1936 Lexington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1930, to August 28, 1936

I last saw him alive on August 28, 1936 Death is said to have occurred on the date stated above, at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial nephritis	1929
Arteriosclerosis	1931
Other contributory causes of importance:	
Cerebral Hemorrhage	8/28/36

Was an operation performed? no Date of ...

For what disease or injury? no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John S Fenby, M. D.

(Address) 3622 Greenmount Ave

OCCUPATION is very important. See instructions on back of certificate.

F 26904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26904

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. Registered No.

CITY OF BALTIMORE: (No. 20-N St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Thelma Zully

(a) Residence: No. 17 N. Catherine St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Zully

6. DATE OF BIRTH (month, day, year) Sept 12 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39.	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Maryland

FATHER

13. NAME Frank Cook

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Lillian Dorhan

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. William Zully

(Address) 17 N. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 1, 1936

19. UNDERTAKER Wood & Wm J Lichtenstein

(Address) Wood & Pa

20. FILED , 19 Registrar

AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1936, to 8-29, 1936

I last saw h. ey. alive on 8-29, 1936 Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1926
Other contributory causes of importance: Auricular fibrilation	7/2/36

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

v s 3

M. D. R. 1268-9

F 26905

26905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-B-82B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret Winterling

(a) Residence: No. 3120 Fillon St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~ of) wife, William Henry Winterling

6. DATE OF BIRTH (month, day, year) Dec. 14 - 1906

7. AGE: Years 29 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Kern
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Friedel
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm. Winterling
(Address) 3120 Fillon St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hunt Date Sept 1 1936

19. UNDERTAKER Tilley & Zwiler
(Address) 4025 E. Monument St.

FILED Aug 31 1936 Huntington Phillips M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Aug 29, 1936.

I last saw her alive on Aug 29, 1936. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	8-29-36
Respiratory Failure	8-29-36
Cardiac Failure	8-29-36

Other contributory causes of importance:
Pregnancy, full-term, Normal
Delivered 8/14/36
Puerperium 8/27/36 to 8/27/36

Name of operation Low Forceps Delivery Date of 8/14/36

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...

(Signed) H. P. Sellers M. D.
(Address) Woman's Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 26906

F 26906 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5½ hrs. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Jaffrow

(a) Residence: No. 1516 N Fulton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 31 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ralph Jaffrow

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Nettie Baker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT M. Geo R.N. (Address) W-B. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Aug 31 1936

19. UNDERTAKER Jack Levin Inc (Address) 1439 E. Balto St.

20. FILED ..... 19 ..... Registrar.

AUG 31 1936 Hamilton, for Philadelphia, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 31. 1936 to August 31. 1936

I last saw him alive on August 31. 1936. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth, 6½ months	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. S. Hamlet M. D.

(Address) West Balto. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

26907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26907

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Ann St Ward 6-4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Mc Cahan

(a) Residence: No. 27 N. Ann St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Daniel McCahan

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Mary F. McDermott

16. BIRTHPLACE (city or town) (State or country): Rhode Island

17. INFORMANT: Mary E. McCahan
(Address) 27 N. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 1 19 36

19. UNDERTAKER: John A. Mader
(Address) 3000 E. Balto St.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1/36, 19..., to 8/29, 1936

I last saw him alive on Aug 29, 1936 Death is said to have occurred on the date stated above, at 7 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/20/36
Other contributory causes of importance: General Arterio Sclerosis	10 yrs
Total Blindness (Gunshot)	33 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles J. Carroll M. D.

(Address) 1740 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

B 26908 728 ✓ F 26908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-3 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Washington

(a) Residence: No. 786 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin

6. DATE OF BIRTH (month, day, year): 2-3-92

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S.C.

FATHER

13. NAME: Cain Jones

14. BIRTHPLACE (city or town) (State or country): S.C.

MOTHER

15. MAIDEN NAME: Charlotte (?)

16. BIRTHPLACE (city or town) (State or country): S.C.

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dunbar S.C. Date 9/2 19 36

19. UNDERTAKER: Wm A Hopkins
(Address) 110 [illegible]

20. FILED AUG 31 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 29 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 . 1936 to Aug 29 . 1936

I last saw her alive on Aug 29 . 1936 Death is said to have occurred on the date stated above, at 1147 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal carcinomatosis.	Oct. 1932.

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 29 1936.

For what disease or injury? Carcinoma ? stomach

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ward W. Brigham M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26909

F 26909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH — Registered No. 16552

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 5 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mattie Anderson

(a) Residence: No. 1141 Frazer St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-31-1935

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
1		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Roosevelt Anderson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mathe Fountain

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/31 36

19. UNDERTAKER Wm A Jackson
(Address) 1210 Pennsylvania Ave

20. FILED ...19... Registrar.

AUG 31 1936 Washington Williams, M.D. RKW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 ...19 36

22. I HEREBY CERTIFY, That I attended deceased from 8-21- ...19 36 to 8-29 ...19 36

I last saw h.. alive on 8-29 ...19 36. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	8-1-36
Pulmonary Tuberculosis	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Tuberculosis

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ...19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No ...If so, specify

(Signed) R B Jones M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 26910

26910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-a

Registered No. 19-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes M. Wood

(a) Residence. No. 2655 Dulaney Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George G. Wood.

6. DATE OF BIRTH (month, day, year) Nov 5, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George A Stiver

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Kaubach

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George G. Wood

(Address) 2655 Dulaney Pl

18. BURIAL, CREMATION, OR REMOVAL

Date Aug 31, 1936

Loudon Park

19. UNDERTAKER A. Hemsley Hoen

(Address) 3615 Edmondson Ave

FILED Aug 31 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16th, 1936, to Aug 29, 1936.

I last saw her alive on Aug 29, 1936. Death is said to have occurred on the date stated above, at 8 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperemesis gravidarum	June 1936
Other contributory causes of importance: Pulmonary Edema (acute)	8-29-36

Name of operation Cesarean Section Date of 8-28-36

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry S. Gimpel M. D.

(Address) West Balto. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

26911 F 26911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Grant.(c) If U. S. Veteran specify WAR .....

(a) Residence: No. 306 Elizabeth Av. Pumphreys Station Ward A.A.Co.Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of ~~WIFE of~~ Emma Grant.(c)

6. DATE OF BIRTH (month, day, year) January 14,1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Emma Grant.(c) wife.
(Address) Pumphrey Station A.A.Co Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 3 19 36

19. UNDERTAKER Elroy O Wilson
(Address) 1008 Broadway ave

20. FILED [illegible] 1936 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28,1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Acute Peritonitis	
bullet wound of abdomen.	8/27/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Autopsy & inquest Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury Aug 27 19 36

Where did injury occur? Belle Grove Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public road

Manner of injury Bullet wound

Nature of injury Generalized Acute peritoni

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Reinhardt, M. D. Coroner

8/31/36 (Address) 1017 S. Charles St.

✓ F 26912

26912 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4715 Amberly Ave. St., 25-H Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irma C. White

If U. S. Veteran specify WAR.....

(a) Residence: No. 4715 Amberly Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles P. White

6. DATE OF BIRTH (month, day, year) May 1, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Schmidtchen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Charles P. White 4715 Amberly Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept. 1, 19 36

19. UNDERTAKER (Address) Harry A. Kutzler 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

AUG 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936 to Aug 28, 1936

I last saw h alive on Aug 28, 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935

Other contributory causes of importance:

Pulmonary Edema	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 2687 Madison Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 26913

26913 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 McHenry St. St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Murphy

If U. S. Veteran specify WAR

(a) Residence: No. 1918 McHenry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Michael Murphy

6. DATE OF BIRTH (month, day, year) Aug. 15, 1850.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Broderick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Joseph Hiller, 1918 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept. 1, 1936

19. UNDERTAKER (Address) Harry H. Hirtzel 4101 Edmondson Ave.

Sept 1 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Aug. 29, 1936.

I last saw h.er alive on Aug. 29, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	1 year.

Other contributory causes of importance:

None.

Was an operation performed? None Date of —

For what disease or injury? None.

Name of operation None Date of —

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Thos. Norton, M. D.

(Address) 888 N. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

F 26914

F 26914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr Marion Osborn

(a) Residence: No. 614 Allington Ave, Govans Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) 2/12/02

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Telephone Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

FATHER

13. NAME Robert A. Osborn

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Emma Rose Simms

16. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

17. INFORMANT Dr Robert A. Osborn
(Address) 614 Allington Ave Govans

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 1 1936

19. UNDERTAKER H. B. Shipley & Son
(Address) 3 W Eutaw Place

AUG 31 1936

Huntington Williams, MD

RPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/36 19

22. I HEREBY CERTIFY, That I attended deceased from 6/30/36, 19..., to 8/28/36, 19... I last saw h[illegible] alive on 8/28/36, 19... Death is said to have occurred on the date stated above, at 8 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	[illegible] Jan 1936
Other contributory causes of importance: Cerebral Embolism	July 25, 1936

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, [illegible]

(Signed) Josiah G. Hunt M.D.

(Address) Maryland General Hospital

F 26915

F 26915 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26915 ✓ 48

Registered No. 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Helen Boesch

(a) Residence: No. 2619 Cold Spring Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced
(or) WIFE of Frederick J. Boesch

6. DATE OF BIRTH (month, day, year) Jan 7 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick J. Boesch
(Address) 2619 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 3 36

19. UNDERTAKER Joseph Dyer
(Address) 1600 W. North Ave

20. FILED Huntington Mathias Registrar

SEP 1 - 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1936. to Aug 31 1936. I last saw her alive on Aug 31 1936. Death is said to have occurred on the date stated above, at 3.10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/29/36
Concussion of brain	
Emergent cerebrovascular	

Other contributory causes of importance:
Acute nephritis
Uremia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Francis D. Dickey, M. D.

(Address) University Hospital

F 26916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26916

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 25 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Robinson Jr.

(a) Residence: No. 2011 Annapolis Road St., ... Ward. Westport, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17 - 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	1	21	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westport, Md.

FATHER

13. NAME Elmer Robinson

14. BIRTHPLACE (city or town) (State or country) Balto. Ind.

MOTHER

15. MAIDEN NAME May Mush.

16. BIRTHPLACE (city or town) (State or country) Baltimore Ind.

17. INFORMANT Elmer Robinson

(Address) 2011 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/2 1936

19. UNDERTAKER Joseph Lyter

(Address) 16 E. North Ave.

20. FILED ..... Registrar

EP 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 8/25/36 ..... 19 ..... to 8/31/36 ..... 19 .....

I last saw h.. alive on 8/31/36 ..... 19 ..... Death is said to have occurred on the date stated above, at 10:02 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
Septicaemia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Kennedy Wallace, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26917

F 26917 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓82-a

Registered No. 16657

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Raleigh Mrs. No War Record

(a) Residence: No. 2340 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown Peggy A. Raleigh

6. DATE OF BIRTH (month, day, year) 7/30/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown Housewife 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME George Gardner

14. BIRTHPLACE (city or town) (State or country) Md. Penna.

MOTHER

15. MAIDEN NAME Sarah Kirby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown Md Date Sept 1st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] Registrar

EP 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1936 to 8-30 1936

I last saw her alive on 8-30 1936. Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 8-15-36

Other contributory causes of importance:

Arteriosclerosis — Date of onset [illegible]

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26918

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4705 Windsor Mill Rd St., 24 Ward) Registered No. 8643

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lilla R. Mary U. S. Veteran specify WAR No Record

(a) Residence: No. 4705 Windsor Mill Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Mary

6. DATE OF BIRTH (month, day, year) March 9, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Hampshire

FATHER

13. NAME Jonathan Burleigh

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Priscilla Wentworth

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Mrs. Eva Louise Petty

(Address) 6104 Craigcrest Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

P 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 215 Harrison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26919

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Edgewood Sanitorium

CITY OF BALTIMORE: (No. 6600 Belloma Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Corbett

If U. S. Veteran specify WAR No Record

(a) Residence: No. 409 E. 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Sallie E. Corbett

6. DATE OF BIRTH (month, day, year) June 6th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as ~~spinning mill~~, saw mill, bank, etc. Life Insurance

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME John Corbett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Burns

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lorle Corbett

(Address) 409 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL Mountain Church Cemetery Harford Co. Md. Date Sept 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED SEP 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to Aug 31, 1936

I last saw ~~him~~ alive on Aug 30, 1936 Death is said to have occurred on the date stated above, at 2.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	3 Yrs

Other contributory causes of importance:

General Debility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Neck M. D.

(Address) 936 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

F 26928

F 26920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2937 St Paul St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha L. Springer If U. S. Veteran specify WAR No Record

(a) Residence: No. 2937 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND OF~~ (or) WIFE of Samuel N. Springer

6. DATE OF BIRTH (month, day, year) Jan 25th 1868

7. AGE: Years 68 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Waltze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Stedman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Samuel N. Springer

(Address) 2937 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 [illegible]

~~1-1936~~

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1936 to Aug 31 1936

I last saw her alive on Aug 31 1936. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	1 day
Uremia (Nephritis)	1 day

Other contributory causes of importance:

Carcinoma of the urinary bladder — Pelvic myocarditis	3 yrs.

Was an operation performed? Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) A Polais M.D. M. D.

(Address) 4 N. Fulton Ave

F 26921

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26921

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Entire yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Stone

(a) Residence: No. 3409 Rosedale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary P. Stone

6. DATE OF BIRTH (month, day, year) Sept. 1-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 69	11	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Wm D. Stone

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Eunice Folsom

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mary P. Stone
(Address) 51 Alpha Road Dorchester Mass

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Sept. 2 1936

19. UNDERTAKER Chas. E. Franck
(Address) 802 Madison Ave

21. FILED SEP 1 1936

Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30 1936 to August 30 1936

I last saw him alive on Aug 30 1936 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Bladder	??
	own

Other contributory causes of importance:

Cachexia

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Cystoscopic examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schofield, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

26922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 26922

CERTIFICATE OF DEATH

× ✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Hosp St., 2341 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edythe Cochran

(a) Residence: No. Havre de Grace, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

MOTHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Havre de Grace Date Sept 3 19 36

19. UNDERTAKER Herring Foster
(Address) Havre de Grace Md

20. FILED SEP 7-1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936 to Sept. 1 - 1936

I last saw h.. alive on Sept 1 - 1936. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	?
Pulmonary Infarct	2 days
	/
Other contributory causes of importance: Dementia Praecox.	13 Yrs

Name of operation none Date of

What test confirmed diagnosis? Autopsy? Where an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thomas P. Alexander M. D.

(Address) 336 Frederick Ave.

F

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26923 F 26923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F Meeker Jr. If U. S. Veteran specify WAR

(a) Residence: No. 94 Kelly Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 24 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4.	8.	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm F Meeker (Sr.)

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mabel Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Mabel Meeker.
(Address) 94 Kelly Place

18. BURIAL, CREMATION, OR REMOVAL
(Place) St Mary's Temp Lot Sept 2/36

19. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27 1936 to August 31 1936

I last saw him alive on August 31 1936 Death is said to have occurred on the date stated above, at 1 2½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 27 '36
Empyemia	August 8 '36

Other contributory causes of importance:

Secondary Post-Operative Hemorrhage	1 hr

Was an operation performed? Yes Date of 8-15-36

For what disease or injury? Empyema

Name of operation Thoracotomy Date of 8-15-36

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 26924

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26924

CERTIFICATE OF DEATH

✓82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Ashburton St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Flora ANna Pettit,

(a) Residence: No. 1137 Ashburton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry W. Pettit,

6. DATE OF BIRTH (month, day, year) August 8. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	--	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Chambermaid~~ Chesapeake 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpet Cleanung

10. Date deceased last worked at this occupation (month, day, year) Aug 28 1936

11. Total time (years) spent in this occupation 4 Yrs

12. BIRTHPLACE (city or town) (State or country) Shippensburg Penna.

FATHER

13. NAME Frederick W. Crauf,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna M. Goshert,

16. BIRTHPLACE (city or town) (State or country) Shippensburg Penna.

17. INFORMANT Franklin W. Pettit,
(Address) 1137 Ashburton St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date SEP 2 1936

19. UNDERTAKER John O Miller,
(Address) 2700 Edmondson Ave.

20. FILED SEP 1 - 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 30 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1936, to August 30, 1936.

I last saw her alive on August 30, 1936. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Cerebral	1-4-36
Cerebral Hemorrhage	8-30-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon Ackerman M. D.

(Address) 1201 Poplar Grove St.

OCCUPATION is very important. See instructions on back of certificate.

F 26925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26925

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Raspe Ave St. 36-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Jacob

If U. S. Veteran specify WAR .....

(a) Residence: No. 4311 Raspe Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jacob

6. DATE OF BIRTH (month, day, year) Oct 22, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Bernhard Berends

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Johanna Janssen

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs George F. Mitchell
(Address) 4311 Raspe Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cem. Date Sept 3, 1936

19. UNDERTAKER H. Snyder & Son. Inc
(Address) 1710 Eden St

20. FILED SEP 1 - 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936 to Aug 30th, 1936

I last saw her alive on Aug 30th, 1936 Death is said to have occurred on the date stated above, at 11.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Chronic Interstitial Nephritis	
Acute Myocarditis	
Oedema of Lungs	
Other contributory causes of importance:	
Arteriosclerosis	10 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Albert G Webster M. D.

(Address) 6409 Belair Rd.

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26926

26926 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓101

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Mauch

(a) Residence: No. St. Elizabeths St., Home - Balto -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/11/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 -	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9-1 - 1936

19. UNDERTAKER J. J. Fraher & Son
(Address) 1318 Eight St

20. FILED SEP 1 - 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 - 1936, to Aug 31 1936

I last saw h... alive on Aug 31 1936 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cervical adenitis;	? Aug 18
Purulent mediastinitis	
Empyema.	
Other contributory causes of importance:	
Cardiac failure	

Was an operation performed? Yes Date of 8.15.36

For what disease or injury? Brachial Tony

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sydig B Edwards M. D.
(Address) John Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26927. F 26927.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 14 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Helen Garrett

If U. S. Veteran specify WAR

(a) Residence: No. 411 Druid Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18-1909

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
27	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Bandett

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophie Randells

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ida Hargrave

(Address) 517 Cumberland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cemetery Date Sept. 1, 1936

19. UNDERTAKER Mrs. Edgar A. Holland

(Address) 1631 Druid Hill Ave

20. FILED 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28- , 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19- , 1936, to 8-28- , 1936

I last saw her alive on 8-28- , 1936. Death is said to have occurred on the date stated above, at 7.02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency & Decompensation	
Rheumatic Valvular Disease	
Other contributory causes of importance:	
Chronic Passive Congestion of Liver & Lungs	
Ascites.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) George H. Pinckston, M. D.

(Address) President Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 26928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26928

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2549 McCulloh St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie E. Jackson

(a) Residence: No. 2549 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William

6. DATE OF BIRTH (month, day, year) June 1 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cheraw, S.C.

FATHER

13. NAME Everett Mungo

14. BIRTHPLACE (city or town) (State or country) Geo. Jones Va.

MOTHER

15. MAIDEN NAME Harriett Mungo

16. BIRTHPLACE (city or town) (State or country) Cheraw S.C.

17. INFORMANT Elouise Jackson
(Address) 2549 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date Sept. 2 1936

19. UNDERTAKER Mrs. Lizzie E. Tolbert
(Address) 1541 Druid Hill Ave

FILED SEP 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Aug 29, 1936

I last saw h Ex alive on Aug 27 1936. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal vascular disease	18 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Unmalignant Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

F 26929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26929

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Bentalou St. 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth: ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. London

If U. S. Veteran specify WAR .....

(a) Residence: No. 1733 Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1866

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edel London

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr Zinberg

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 9-1-36 19

19. UNDERTAKER Jos. Logan Inc. 1439 E. Baltimore St.

(Address)

20. FILED ... 19 ... Registrar

E. Eaton Hathaway, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31 1926

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1924 to 8/31 1926

I last saw him alive on 8/31 1926. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/26/26
Other contributory causes of importance:	
Hypertension	1920
Arteriosclerosis	1924

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) I. Zinberg M.D.

(Address) 2020 Eutaw M. D.

vs 3

1 1930

F 26930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 16 - 2 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Smith

(a) Residence: No. 1023 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Smith

6. DATE OF BIRTH (month, day, year) Sept 17, 1905

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John M. Dorsey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Addie Cooper

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Dorsey (Father)
(Address) 1023 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 9/2 1936

19. UNDERTAKER Joseph D. Locke Jr
(Address) 1322 Jefferson St

FILED 19 Registrar.

SEP 1 - 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-12- 1936, to 8-31- 1936

I last saw her alive on 8-31- 1936. Death is said to have occurred on the date stated above, at 3:12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pt. Massive Pleurisy c Effusion	
	Dow
Other contributory causes of importance: Pt. Primary Basal Pneumonia	8-7-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George N. Peaslee M. D.

(Address) Provident Hosp

F 26931

F 26931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH Bon Secours Hosp-1

CITY OF BALTIMORE: (No. Baltimore Md St 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Constance Weber

If U. S. Veteran specify WAR

(a) Residence: No. 124 S Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Weber

6. DATE OF BIRTH (month, day, year) Jan 20 1875

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
61	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Novak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Scheparial

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Catherine Weber

(Address) 124 S Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 2 1936

19. UNDERTAKER George A Weber

(Address) 405 S Amity St Huntington Pittsburgh

20. FILED ..19.. Registrar.

P 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936 to Aug 29, 1936

I last saw h.. alive on Aug 29, 1936 Death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-21-36
Other contributory causes of importance: Chronic Myocardial degeneration	1934
General Arteriosclerosis	8-25-36

Was an operation performed? No If so, date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L Kemp, M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 26932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26932

CERTIFICATE OF DEATH

✓ 95B

1. PLACE OF DEATH

Registered No. 14748

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rusch

(a) Residence: No. 416 E. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Rusch

6. DATE OF BIRTH (month, day, year) 9/19/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME William Rusch

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept 2 1936

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St

SEP 1 - 1936 Lexington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1936 to 8-31 1936.

I last saw him alive on 8-31 1936. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-15-36
Hypertensive Cardio-Vascular Dis.	Unk

Other contributory causes of importance:

Arteriosclerosis	Unk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 26933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26933

23 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Lansing Ave. St. 8-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H. Smith

(a) Residence: No. 1719 Lansing Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Smith

6. DATE OF BIRTH (month, day, year) June 2, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.C. Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1062

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary E. Smith
(Address) 1719 Lansing Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Sept 2 19 36

19. UNDERTAKER George W. Sichler
(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar.

SEP 1 - 1936 Huntington Pittsburgh, Pa.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/25 1936 to 8/30 1936

I last saw him alive on 8/30 1936 Death is said to have occurred on the date stated above, at 11.35 pm

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage

Date of onset over

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. L. Tilton M. D.

(Address) 1304 E. Chase St.

F 26934

F 26934 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ~~5315 Spring Lake Way~~ 2700 E. Lanvale St. Ward) 27-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Burdette B. Webster

(a) Residence: No. 5315 Spring Lake Way Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna T. Webster

6. DATE OF BIRTH (month, day, year) Dec 21, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Marcellus Webster

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sadie Brewington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Edna T. Webster.

(Address) 5315 Spring Lake Way.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept. 4. 1936

19. UNDERTAKER Wm. J. Tuckerton Sons

(Address) North & Pa Ave.

20. FILED ~~Register~~ SEP 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1936, to Aug. 31, 1936

I last saw him alive on Aug 31, 1936 Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

1 Thrombosis L. Post. Tibial artery.
Amputation Aug 29.

Date of onset

Other contributory causes of importance:

Diab. gangrene

Was an operation performed? Yes Date of Aug 29. '36

For what disease or injury? Gangrene L. Leg

Name of operation Amp. thru L. leg Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jesse A. Price M. D.

(Address) 2 W. Read St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Andrew Simms

(a) Residence: No. 412 W. Saratoga St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary W. Webb

6. DATE OF BIRTH (month, day, year) Dec. 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	23 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumber

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME John Simms

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Carrie Crooks

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Simms

(Address) 331E21st. St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Sept. 2, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED SEP 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	
Other contributory causes of Importance:	

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) H. Karl Kahn Coroner, M. D.

(Address) 757 W. Mulberry St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

F 26936

F 26936 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hyman Park St., 13-5 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter S Bradshaw

(a) Residence: No. 2121 Keswick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Walter S Bradshaw

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Chas H. Clark
(Address) 2121 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL
(Place) St Mary's Cemetery Date Sept 2, 1936

19. UNDERTAKER Edmondson & Co.
Address 615-17 Washington Place, Balto

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	
Suicide by hanging	8/29/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ..... 19.....

Where did injury occur? Hyman Park - Cl
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Hanging to tree

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

P 1 - 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26937

✓ F 26937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4340 Falls Road St., 27-15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Miller.

If U. S. Veteran specify WAR .....

(a) Residence: No. 4340 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Miller.

6. DATE OF BIRTH (month, day, year) Jan 6, 1903.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Robt Caswell.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Johanna Glancy

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT John F. Miller
(Address) 4340 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 2, 1936

19. UNDERTAKER Raymond Bott.
(Address) 3615 Harford Ave.

20. FILED SEP 1 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/4/36, 19..., to 8/30/36, 19...

I last saw her alive on 8/30/36, 19... Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	8/4/36
	coma
Other contributory causes of importance: A pernicious attack (Pregnancy)	1930

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

M. D. Signed Leonard E. Beach, M. D.

(Address) 2227 St Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26938

F 26938 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3503-N-Charles St., 12-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Samuel Towers Appold

(a) Residence: No. 3503-N-Charles St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan. 27 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banking

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Appold

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Susan Van Riper

16. BIRTHPLACE (city or town) (State or country) Hunterdon Co. New Jersey

17. INFORMANT Mrs. James Deaver cousin
(Address) Edgewood Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept. 1 1936

19. UNDERTAKER Edward Mowbray & Co.
(Address) Baltimore Md.

FILED SEP 1 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1936 to August 30th 1936

I last saw him alive on August 24th 1936 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset 6.1.36

Senile Myocardial degeneration & aortic & Mitral disease

Other contributory causes of importance:

Was an operation performed? - Date of

For what disease or injury?

Name of operation - Date of

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ed Wantz M. D.

(Address) 1507 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12-9 F 26939 ✓ F 26939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1119 Orleans St. 5-2 Ward)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? 20 yrs. — mos. — ds.

2. FULL NAME Frank Engs — If U. S. Veteran specify WAR None

(a) Residence: No. 1119 Orleans St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mulatto Race	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June-15-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry (1941)

10. Date deceased last worked at this occupation (month and year) Abt 3 years

11. Total time (years) spent in this occupation Abt 15 yrs

12. BIRTHPLACE (city or town) (State or country) Ling Dey Village Hoyshan Dist, China

FATHER

13. NAME Eng Moon

14. BIRTHPLACE (city or town) (State or country) ? ? China

MOTHER

15. MAIDEN NAME Chin Shee

16. BIRTHPLACE (city or town) (State or country) ? ? China

17. INFORMANT Dr. S. J. Wu (Friend)
(Address) 222 E. Mulberry Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Cemetery Date Aug 31 36 19

19. UNDERTAKER Stewart & Mowen Co.
(Address) 108 W North Ave

20. FILED ..... Registrar.

Huntington Pittsburgh, Pa

SEP 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Asthma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how? .....

(Signed) Chas B Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26940

F 26940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. 16687

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1924 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Gladden

(a) Residence: No. 1431 Bounty Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred

6. DATE OF BIRTH (month, day, year): 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: John Tates (D)

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Jennie ? (D)

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL
Place: Int. Calvary Date: Sept 2. 1936

19. UNDERTAKER (Address): Wendell & Groff 1405 Eutaw Pl. Baltimore Md.

20. FILED SEP 1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1936 to 8-28, 1936.

I last saw h[illegible] alive on 8-28 1936 Death is said to have occurred on the date stated above, at 10 53 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8-26-36
Hypertensive Cardio-vascular Disease with failure	5-1-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John L. Ravey M. D.

(Address) Baltimore City Hospitals

STATISTICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 26941

26941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Ashland ave 10th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wallace Frey

(a) Residence: No. 814 Ashland ave St., to reside Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital N. J.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Humphrey Frey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Matilda J. Frey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah Goncalves

(Address) 814 ashland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/1 19 36

19. UNDERTAKER Rayner Sanders

(Address) 1423 E. Preston St

20. FILED 1-1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 8-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1936 to 8-29 1936

I last saw him alive on 8-29 1936 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pulmonary T. B.	6/1/36
Pleurisy & Endocarditis	7/1/36

Other contributory causes of importance: Acute Bronchitis 6/1/36

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Jas R Blake M. D.

(Address) 924 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26942

F 26942

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2725 St Paul St. 12-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John W. Coyle
(a) Residence: No. 2725 St Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Late Alice L. Coyle

6. DATE OF BIRTH (month, day, year) July 28th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Wm. Francis Asbury Coyle
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Margaret Rhodes
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss M. Coyle
(Address) 1912 Longwood St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 2nd 1936

19. UNDERTAKER Henry H. Jenkins & Son & Richard & McCulloh
(Address) Baltimore, Md

FILED SEP 1 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936, to Aug. 28, 1936
I last saw h[illegible] alive on Aug. 28, 1936 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Epithelioma of Face	Aug. 24
Paralysis Ileus	7 days
Senile Dementia.	Past 12 years

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? None
Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William L. Swope M. D.
(Address) 2624 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 26943 ✓ F 26943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Preedy

(a) Residence: No. 310 Longwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 28, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Raymond Preedy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Andrews

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Sept 1 St 1936

19. UNDERTAKER .....
(Address)

20. FILED 9-1-1936 Huntington Williams M.D. Registrar.

2562

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-28-36, 19.., to 8-29-36, 19..

I last saw Baby alive on 8-29-36 19.. Death is said to have occurred on the date stated above, at 7⁰⁰ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 8½ mos.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John W. Cutrickge Jr. M. D.

(Address) Johns Hopkins Hospital

F 26943

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 3

F 26944

F 5603
F 26944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34-a-23

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille Butler

(a) Residence: No. Rock Point St., Charles Co Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-30-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pearline Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med School Date Sept 1 1936

19. UNDERTAKER
(Address)

20. FILED Huntington Wallace & Co
P 1 1936 2561 St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Aug 24 1936
I last saw her alive on Aug 24 1936. Death is said to have occurred on the date stated above, at 7 10 p m.

The principal cause of death and related causes of importance were as follows:

Congenital Syphilis — Date of onset Birth
Pulmonary Tuberculosis — Unknown
Malnutrition

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? W a R Wassermann Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm C Kloffenstein Jr M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vilsweg

F 26945

F 12771

F 26945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2-3 Ward)

Length of residence in city or town where death occurred ..., yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otto Vehmeg

(a) Residence: No. 422 S. Broadway, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Friedrich Vehmeg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Brockhuss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Sept 1, 1936

19. UNDERTAKER

(Address)

20. FILED 1936 Huntington Williams, M.D.

2560

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936 to Aug 25, 1936

I last saw him alive on Aug 25, 1936 Death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure of unknown etiology	Aug. 20 '36

Other contributory causes of importance:

Chronic alcoholism ?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Palmer Howard M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26946

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH: Tuberculosis Division Baltimore City Hospital (35 25)

CITY OF BALTIMORE: (No. 5-1 St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Jameson

(a) Residence: No. 123 Colvin Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37 38		4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Sam (D)

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Nettie Jimmerson (D)

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Sept 1 1936

19. UNDERTAKER

(Address)

20. [illegible] 1-1936 [illegible] Registrar.

Niagara, N. [illegible]

17

2559

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1936 to August 27, 1936

I last saw him alive on August 27, 1936. Death is said to have occurred on the date stated above, at 2:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth Feldman, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26947

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) 23-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Brooks. (c) If U. S Veteran specify WAR .....

(a) Residence: No. 1106 Leadenhall St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	------	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Gibbs Cemetery Date Sept 1. 1936

19. UNDERTAKER Commissioner Health.

(Address)

20. FILED ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernea.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

8/31/36 (Signed) Otto M. Reinhardt M. D. (Coroner)

(Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Parks ✓ F 26948

F 26948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Belmont Ave 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Edward Parks

If U. S. Veteran specify WAR

(a) Residence: No. 2931 Belmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 31/36

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Lewis Parks

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Howard M. Chatham

16. BIRTHPLACE (city or town) (State or country) Chattanooga Tenn.

17. INFORMANT Mrs Dorcas Parks

(Address) 2931 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med School Date Sept 1, 1936

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1936 to Aug. 31, 1936

I last saw him alive on Aug. 31, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis 6½ hrs prior	

Other contributory causes of importance:

Exposure	3½ hrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Visible as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fahnestock M. D.

(Address) 1165 N. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2383 E

F 26949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26949

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Longwood St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy E. Taylor

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1719 Longwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17th 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David C. Taylor

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen E. Waters

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Helen E. Taylor

(Address) 1719 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Sept 3rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FI... Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1936 to Sept 1st, 1936

I last saw h... alive on Sept 1st, 1936 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
a Result Condition,	May
Failure of Circulation	1936
Other contributory causes of importance:	

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas Bryan, M. D.

(Address) 30 E Mount St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 1-1936

M. D. B 1268-9

F 26950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26950

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 E. Chase St., 8-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert T. Pridgen

(a) Residence: No. 1404 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) Feb 27 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder Job

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Albrecht & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME William Pridgen

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Benjamin Taylor

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs. Annie Pridgen

(Address) 803 N. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept 2, 1936

19. UNDERTAKER Williams Bros

(Address) 1217 St Paul Street

20. FILED Sept 1 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. M. Wright M. D.
Coroner

(Address) 1016 S. Linwood

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26951

F 26951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 William St. St. 24-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Bollman.

(a) Residence: No. 904 William St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie A. Bollman

6. DATE OF BIRTH (month, day, year) Aug 4. 1872.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Smith.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James H. Bollman.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ellen F. Beziat

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Nellie A. Bollman.
(Address) 904 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept 2nd 1936

19. UNDERTAKER Geo. A. Schloman & Son
(Address) 1639 Hanover st

1 - 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1936 to Aug. 30 1936

I last saw him alive on Aug. 30 1936. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and Arteriosclerosis (Indefinite)	8/30/36
Other contributory causes of importance: Exhaustion	8/30/36

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

8/31/36 (Signed) H. L. Campbell M. D.
(Address) 1644 Hanover St.

Information should be carefully supplied. Age should be stated EXACTLY. Fractions should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26952

F 26952 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

189

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Nellie Marsala

If U. S. Veteran specify WAR

(a) Residence: No. 1514 Thames St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Salvadore

6. DATE OF BIRTH (month, day, year) May 1 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	42	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Catherine Marsala (daughter)

(Address) 354 Vesper Pl. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place St Louis Date Sept 2 1936

19. UNDERTAKER John C. Miller

(Address) 1423-25 Eastern Ave

Washington D.C.

20. FILED Sept 2 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis + exhaustion	
+ starvation	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright M. D.

Coroner

(Address) 10 E Lexington St

P 1-1936

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26953

F 26953 HEALTH DEPARTMENT—CITY OF BALTIMORE

157-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 North Bond St., 25-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward L. Reynolds Jr.

(a) Residence: No. 317 North Bond St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 13. 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward L. Reynolds

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pearle R. Griswold

16. BIRTHPLACE (city or town) (State or country) Idaho Ind

17. INFORMANT Capt. Edw'd L. Reynolds

(Address) 317 North Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 9/2/36 19

19. UNDERTAKER Harry N. Lindsay

(Address) 4101 Edmondson Ave.

Registrar

DATED SEP 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936 to Sept. 1, 1936

I last saw him alive on Aug. 31, 1936 Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease (defect in the inter-ventricular septum) pulmonary stenosis	
Other contributory causes of importance: Anoxemia (cyanosis neonatorum)	8/17/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. S. Dippett M. D.

(Address) 1326 W. Lombard St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26954

F 26954 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26954

46-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Radnor Ave. St., 27-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Dever Keen

(a) Residence: No. 505 Radnor Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Clay Keen

6. DATE OF BIRTH (month, day, year) Jan. 7, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties or 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Geo. Dever

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Mary S. Arnold

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Harry Clay Keen
(Address) 505 Radnor Ave. City

18. BURIAL, CREMATION, OR REMOVAL
Place Presby. Govens Dem Sept. 4, 1936

19. UNDERTAKER John D. Mitchell & Son
(Address) 1900 Eutaw Place, City

20. FILED SEP 2 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/20/ 1936, to 9/1 1936

I last saw her alive on 8/31/ 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	

Other contributory causes of importance:
Hypertensive heart disease
Arteriosclerosis.

Was an operation performed? Yes Date of Aug-10-1936

For what disease or injury? Carcinoma of Colon

Name of operation Exploratory - Pro. colostomy. Date of

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Boyle — M. D.

(Address) 5309 Harford Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 26955 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26955

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tuberculosis Division Baltimore City Hospitals St. 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Keyes (16592)

(a) Residence: No. 407 S. Washington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Keyes

6. DATE OF BIRTH (month, day, year) December 27, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Fred Rothschultes

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Frieda Suedes

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel, Date Sept 4, 1936

19. UNDERTAKER Lilly & Kuiler

(Address) 405 S. Wolfe, St. Inc.

SEP 2 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) August 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1936 to August 31, 1936

I last saw her alive on August 31, 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935
Tuberculous Laryngitis	July 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dear H. Feldman, M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26956

F 26956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√127

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 18-1 Ward)
Baltimore, Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry G. Palmer

W. W.

(a) Residence: No. 875 W. Fayette St. -Balto., Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Carmine Palmer

6. DATE OF BIRTH (month, day, year) June 25, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window cleaner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April, 1936.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry R. Palmer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Florence Pattison

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 9/3 . 1936

19. UNDERTAKER Robert Brook & Son
(Address) Calhoun & Fayette Sts.

20. FILED SEP 2 - 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, . 1936

22. I HEREBY CERTIFY, That I attended deceased from August 30 . 1936 to August 31 . 1936
I last saw him alive on August 31 . 1936. Death is said to have occurred on the date stated above, at 1:56 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, right, lobar.	2 das.

Other contributory causes of importance:

Hepatitis, acute, catarrhal.	2 wks.
Bilateral hypostatic, pneumonia.	1 da.

Was an operation performed? Yes Date of August 31, 1936

For what disease or injury? Cholecystitis.

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. L. Laurence . M. D.

(Address) U.S. Marine Hospital -Balto., Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26957

F 26957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place St., 11-4 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert E. Ward

If U.S. Veteran specify WAR .....

(a) Residence: No. 1324 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 1, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Railroad

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation about 23

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Ann. M. Griffith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Charles B. Hoffman

(Address) 5508 Craig Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Owings, Calvert Co. Md. Date Sept. 4 1936

19. UNDERTAKER P. Leroy Stuffler, Inc.

(Address) 125 E. [illegible]

FILED ..... 19 ..... Registrar.

SEP 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1931 to Sept 1, 1936

I last saw h.im alive on Sept 1, 1936 Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt ventricular Heart Failure	
Other contributory causes of importance: Chr. Valv Heart Dis and Hypertension	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sydney Wallenstein, M. D.

(Address) 2042 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26958

F 26958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 N Gilmor St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara E Shelton

(a) Residence: No. 1320 N Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	appx 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Daniel Lake (son in law)

(Address) 1320 N Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D. C. Date Sept 2 19 36

19. UNDERTAKER Thomas Fourier

(Address) 389 Rhode Island Ave

20. FILED Sept 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept [redacted], 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Sept 1 1936

I last saw her alive on Sept 1 1936 Death is said to have occurred on the date stated above, at [redacted] m. 11 45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Complete

Other contributory causes of importance:

Myocarditis
Arteriosclerosis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Young M. D.

(Address) 1729 E Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16707

26959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 26959

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 15-13 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Harris

(a) Residence: No. 2618 Loyola Northway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Late Minnie

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Stein (Address) 2618 Loyola Northway

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew-Rosedale Date Sept 2, 1936

19. UNDERTAKER Sol Levenson Bros (Address) 1127 E Baltimore St

FILED SEP 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1936 to 9-2, 1936

I last saw him alive on 9-2, 1936 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	8-26-36
Hypertensive Cardio-vascular Disease	Unk
Other contributory causes of importance:	
Arteriosclerosis	Unk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenney M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26960 44 1892 F 26960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 W. North ave St., 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME B. Chester Goldberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 2004 W. North ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Goldberg

6. DATE OF BIRTH (month, day, year) June 4 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... or ..... min.
	44	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2054

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Emanuel Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael Ambramowitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nettie Goldberg

(Address) 2004 W. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew friendship Date Sept 3 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1128 W. North ave

20. FILED ..... 19 ..... Registrar.

Sept 2 1936 Huntington Mitchell M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
death on the day stated above. 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C Hays M. D.
Coroner

(Address) 1215 Hanover ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 26961

F 26961 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Rock St., 15-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Emma A Summers

(a) Residence: No. 209 Rock St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of George Summers

6. DATE OF BIRTH (month, day, year) Dec 8 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Peter Nelson

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

MOTHER

15. MAIDEN NAME Hannah Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT George Summers

(Address) 209 Rock St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Sept 4, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Sept 2 - 1936 Huntington Williams Registrar.

1928 Penna Ave. Dr. Dr & W Frey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Aug 31, 1936

I last saw her alive on Aug 31, 1936. Death is said to have occurred on the date stated above, at 5.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
	Aug

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Dr F C. Funk M. D.

(Address) 3517 Liberty Heights Av

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 26962

F 26962 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N Streeker St. 19-1 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pickens Perkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 411 N Streeker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W.	Col	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE Lola Perkins

6. DATE OF BIRTH (month, day, year) Jan 15-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) SC

FATHER

13. NAME Abraham Perkins

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Elizabeth Lake

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Edwards Perkins

(Address) 411 N Streeker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 2, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 Schroeder Ste.

20. FILED Huntington Williams, Registrar.

SEP 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute — Myocarditis	June 15 1936

Other contributory causes of importance: none

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Pathology Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George C. Callen M. D.
Coroner

(Address) 509 Aisquith St.

vss

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26963 F 26963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3444 Second St., 15th Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Lillian Smith. If U. S. Veteran specify WAR

(a) Residence: No. 3444 Second St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. Smith.

6. DATE OF BIRTH (month, day, year) Jan. 22 1887

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
49	7	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Goodrich.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Stella J. Keefe
(Address) 125 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 9-5 1936

19. UNDERTAKER Bernard C. Harle
(Address) 121 E. 21[illegible] St.

20. FILED SEP 7 1936 Huntington Williamsport, Md. 9/4/36
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1936 to Sept. 2 1936

I last saw HER alive on Sept. 1 1936 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus Indefinite	
Other contributory causes of importance: Exhaustion	8/30/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. L. Campbell M. D.

9/4/36 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26964

F 26964 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital St., 8-3 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Bessie Reynolds

(a) Residence: No. 2619 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Clarence E Reynolds

6. DATE OF BIRTH (month, day, year) Feb 25 1882

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) aug 22, 1936

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER

13. NAME Daniel Miller

14. BIRTHPLACE (city or town) (State or country) Mary Land

MOTHER

15. MAIDEN NAME Mary Bowers

16. BIRTHPLACE (city or town) (State or country) Mary Land

17. INFORMANT Clarence E Reynolds

(Address) 2619 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Sept 4 1936

19. UNDERTAKER Citizens - Ullrich

(Address) 2008 Eutaw St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from aug 30, 1936 to Sept 1, 1936

I last saw h[illegible] alive on Sept 1, 1936 Death is said to have occurred on the date stated above, at 4.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	aug 27
Diabetes mellitus	aug 30

Other contributory causes of importance:

Diabetes	1924

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) E. E. Jones M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 2 - 1936

Spec.—1-12-23—M&T—500 Blks.

F 26965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26965

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1523 Edmondson Ave. WARD 19-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Rogers

(a) RESIDENCE NO. 1523 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Rogers

6 DATE OF BIRTH (month, day, and year): July 6. 1892

7 AGE: Years 44 — Months 1 Days 25

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Sailors shop.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Baltimore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Marie Rogers — wife

(Address) 1523 Edmondson Ave

Filed SEP 2 - 1936 . 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31 — 1936

17

I HEREBY CERTIFY, That I attended deceased from Aug 9 . 1936 . to Aug-31 . 1936 .

that I last saw him alive on Aug 30 — . 1936

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows: Left Hemiplegia

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. V. Coleman M. D.

Aug 31 . 1936 Address 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus Cem

DATE OF BURIAL: Sept 3 1936

20 UNDERTAKER: Wm. Robt. A. Ellis & daughter

ADDRESS 1129 Gorsuch

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 26966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26966

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Tuberculosis Division (Baltimore City Hospitals) St., 5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephenson Lee

(a) Residence: No. 5 N. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alabama
(State or country)

FATHER

13. NAME William

14. BIRTHPLACE (city or town) Alabama
(State or country)

MOTHER

15. MAIDEN NAME Hallie

16. BIRTHPLACE (city or town) Alabama
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Sept 3 1936

19. UNDERTAKER Mrs Robert L Elliott-Douglas
(Address) 1129 Caroline St

FILED SEP 2 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) August 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1936 to August 29, 1936

I last saw him alive on August 29, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H Feldman, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Longley ✓ F 26967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26967

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3918 Garrison Ave. St., 15-10 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Virginia Longley

(a) Residence: No. 3918 Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Longley

6. DATE OF BIRTH (month, day, year) Sept. 3, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Archibald King

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amelia Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Margaret Davis

(Address) 3918 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Sept. 3, 1936

19. UNDERTAKER William J. Tickner & Sons

(Address) Norfolk & Pa. Aves

Livingston Williams M.D.

20. FILED Registrar.

SEP 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1936. to Aug. 31, 1936.

I last saw her alive on Aug. 31, 1936 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D.

(Address) 1215 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26968

26968 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roscoe Porter

(a) Residence: No. 606 E 34th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M WILSON

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Porter

6. DATE OF BIRTH (month, day, year) Aug 4 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	0	28, 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher 0018

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerville Pa.

FATHER

13. NAME Alexander Porter

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Malinda Davis

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Elizabeth Porter (Address) 606 E 34th St.

18. BURIAL, CREMATION, OR REMOVAL Place Pottstown Pa Date Sept 4 36

19. UNDERTAKER Woodland J. Tyrone & Son (Address) Norristown Penna.

20. [illegible] Huntington Wells Registrar

EP 2 - 1936

A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/36 19

22. I HEREBY CERTIFY, That I attended deceased from 8/12/36 19 to 9/1/36 19

I last saw h.m. alive on 9/1/36 19 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of jejunum with metastases.	1934
Other contributory causes of importance:	

Was an operation performed? yes Date of Dec. 1934

For what disease or injury? Carcinoma of jejunum.

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) T. R. Adams M. D.

(Address) University Hospital

INFORMATION should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

F 26969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 26969

193-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude K. Wood

If U. S. Veteran specify WAR .....

(a) Residence: No. 3603 Second St. Brooklyn, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ashby Wood

6. DATE OF BIRTH (month, day, year) March 4, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Bel Air Md.

FATHER

13. NAME Frederick Muir

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Amelia Schow

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Ashby Wood (Husband)

(Address) 3603 Second St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Sept 4, 1936

19. UNDERTAKER Margaret E. Flynn

(Address) 1432 Druid Hill Ave

FILED SEP 2 - 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance: Myocarditis Chr.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elvin B. Wallace M. D. Coroner

(Address) 1001 St. Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26970

F 26970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Loudon Ave St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E. Cain

(a) Residence: No. 522 Loudon Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert L. Cain

6. DATE OF BIRTH (month, day, year) Sept. 3-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jas. Clarke

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine Thye

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Sadie Cain

(Address) 522 Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept. 3- 1936

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light Street

FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31st. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5th 1936 to Aug 31 1936

I last saw ... alive on Aug 31 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of internal tract	4 mos
Other contributory causes of importance: Myocardial degeneration	3 mos
Cerebral Metastases	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. McKeever M. D.

(Address) 1710 Bradford

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 2-1936

1771

F 26971

F 26971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 North Broadway St., 8-6 Ward)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Jeanette Amelia Sanford

If U. S. Veteran specify WAR .....

(a) Residence: No. 1503 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard James Sanford

6. DATE OF BIRTH (month, day, year) July 20, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

FATHER

13. NAME Arthur M. Matthes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Evelyn Yetter

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT Mrs. Emma E. Matthes

(Address) 1503 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place River View Cem. Date Sept. 4 1936

Wilmington Del. Wendell E. Humphreys

19. UNDERTAKER

(Address) 1501 N. Broadway

FILED SEP 2 - 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to Sept 1, 1936

I last saw h.. alive on Sept 1, 1936. Death is said to have occurred on the date stated above, at 4:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular disease	1920 ?
Subacute Bacterial endocarditis	
(Strep. Viridans)	1-1-36. ?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Nelson Carey, M. D.

(Address) 1014 St Paul St.

Information should be carefully supplied. AGE should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26972

✓ F 26972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Westwood Ave 5-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Lee Bitzer

If U. S. Veteran specify WAR

(a) Residence: No. 2912 Westwood St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M.	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lou Bell Bitzer

6. DATE OF BIRTH (month, day, year) Oct 19 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Co

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 21 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Bitzer

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Frances Horner

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Lou B Bitzer

(Address) 2912 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL Sept 5th 36

Place Woodlawn Cem

19. UNDERTAKER Ritzman & Sons

(Address) 2334 Eastfield Ave

20. FILED SEP 2 - 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th 1936 to ~~Sept~~ Sept 2nd 1936

I last saw him alive on Sept 2nd 1936. Death is said to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease of Arterio Sclerotic Type	1 yr
	own

Other contributory causes of importance:

uraemia

senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. Byrne M. D.

(Address) 3875 W North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 26973

F 26973 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Tillie L. Jacobi

(a) Residence: No. Sinai Hosp. Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Jacobi

6. DATE OF BIRTH (month, day, year) Dec. 6, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 58	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Loeffler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Wintermitz

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Wm. A. Metzger

(Address) 3287 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL Balto. Hebrew Date Sept. 3, 1936

19. UNDERTAKER David Sondheim & Co. 1902 Eutaw Place

20. FILED Sept. 4, 1936 Registrar.

P 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to Sept 1, 1936

I last saw her alive on September 1, 1936. Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Diabetes mellitus	61	
Chronic myocarditis	930	
Arteriosclerosis	97	
Gangrene of leg	912	Oct 1, 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 25 1936

For what disease or injury? Gangrene of right leg

Name of operation Amputation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul W. Sauer M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 26974

F 26974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Beauregard Roche

If U. S. Veteran specify WAR .....

(a) Residence: No. 5002 Greenleaf Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Roche

6. DATE OF BIRTH (month, day, year) Dec 20 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec'y Auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tire Assn.

10. Date deceased last worked at this occupation (month and year) 8/31/36

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) City of Balto

FATHER

13. NAME R. Beauregard Roche

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma D. Broadbent

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Katherine Roche

(Address) 5002 Greenleaf Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept 3, 1936

19. UNDERTAKER John A. Moran

(Address) 2000 E. Balto St.

20. Filed SEP 2 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Orrin B. Wallace M. D. Coroner

(Address) 1031 E. Balto St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26975

M. D. B 1268-9

F 26975 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Walnut St. 7th Ward) 7th - 4

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas B. McGee

(a) Residence: No. 906 Walnut ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McGee

6. DATE OF BIRTH (month, day, year) Feb 25 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher & pdlr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitary Products Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas J. McGee

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Virrie Pollard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Thomas J McGee

(Address) 906 Walnut ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Aug 3, 1936

19. UNDERTAKER A. B. Gilbert's Son

(Address) .....

....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence obtained by said ..... find that said deceased came to death on the day stated above. about 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	
(a)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hazen ..... M. D.
Coroner

(Address) 215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ONLY ONE ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 2 - 1936

F 26976

M. D. B 1263-9

F 26976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha M. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 2917 Windsor ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis S. Brown

6. DATE OF BIRTH (month, day, year) Feb. 12, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lansburg N.J.

FATHER

13. NAME Nicholas Haas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Kittner

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) W. A. Haas 729 Regester St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 4 1936

19. UNDERTAKER (Address) Edgar Thompson Co 2117 E. Monument St

20. Sept 3 19 36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above. 12 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right hip	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acci Date of injury 9/24, 1936

Where did injury occur? City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Stumbled over a chair and fell

Nature of injury breaking hip

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Haas Coroner, M. D.

(Address) 1215 Hanover

P 2-1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 26977

F 26977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46 B

16772

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospts. St. 23-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Eugene Martin

(a) Residence: No. 1916 5 Charles St., St., Ward.

(Usual place of abode)

No War Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-8-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 55	5	1 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner - Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mr Gilfry 0052

10. Date deceased last worked this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles E. Martin

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Margaret Skipper

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Marys Cemetery Date Sept 4 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED SEP 3 - 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1936 to 9-1 1936

I last saw him alive on 9-1 1936 Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	8-31-36
Carcinoma of Stomach	Unk -
Hemorrhage from Stomach	8-27-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenney M. D.

(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26978

F 26978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Methodist Home on 2211

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ida Foster

(a) Residence: No. 2211 Rogers Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20 1860

7. AGE: Years 75 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Hereford Md

FATHER

13. NAME William Foster

14. BIRTHPLACE (city or town) (State or country) Hereford Md

MOTHER

15. MAIDEN NAME Mary Freeland

16. BIRTHPLACE (city or town) (State or country) Freeland Md

17. INFORMANT Ella Kuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 4 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St Huntington Williams, Inc

Registrar.

SEP 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1936 to Sept 2 1936

I last saw h[illegible] alive on Sept 1 1936 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset

Other contributory causes of importance:

Chr. Nephritis

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Geo E. Shannon M. D.

(Address) 500 N. Fulton Ave

F 26979

M. D. B. 1268-9

F 26979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth J. Wetherill If U. S. Vet. specify WAR No Record

(a) Residence: No. 1824 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bucks Co Pennsylvania

FATHER

13. NAME Solomon S. Wetherill

14. BIRTHPLACE (city or town) (State or country) Pa Pennsylvania

MOTHER

15. MAIDEN NAME Jane Johnson

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Fowen Wetherill

(Address) 1824 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Interred

Place Baltimore Memorial Park Date 9/3. 1936

19. UNDERTAKER William Cook

(Address) (2147 [illegible])

20. FILED SEP 3 - 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Aug 31 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. M. Wright M. D.

(Address) 1010 S. Stricker St Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26980

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Celia Rothstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 2322 W Lutten Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1836

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Harris Rothstein

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Esther Leah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Phillip Rothstein

(Address) 310 W Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd Date Sept 3. 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St.

20. FILED SEP 3-1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/18/36, 19 ..... to 9/2/36, 19 .....

I last saw her alive on 9/2/36, 19 ..... Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, Generalized	
Carcinoma of Cecum, Gross	

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? Yes Date of June 1 1935

For what disease or injury? .....

Name of operation Ileo colostomy Date of .....

What test confirmed diagnosis Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify. .....

(Signed) Edwin H Carlson M. D.

(Address) Sinai Hospital

Information should be carefully supplied. Avoid using terms which are not properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26981

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Penrose ave St., 90-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah M. Bell

If U. S. Veteran specify WAR

(a) Residence: No. 2218 Penrose ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Geo. W. Bell

6. DATE OF BIRTH (month, day, year) June - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3 2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Linton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Cooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT M. Raymond F Bell
(Address) 2218 Penrose ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Sept. 5 36

19. UNDERTAKER Geo. L. Berger Jr
(Address) 612 Baltimore St

20. FILED SEP 3 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Sept. 2, 1936

I last saw her alive on Sept. 2, 1936. Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerotic Cardio-Vascular Disease.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. MacLaughlin M. D.

(Address) 2000 Hollins St.

F 26982

F 26982 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norma Barbara High

(a) Residence: No. 3502 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F (Female)

4. Color: ~~White~~ COLORED

5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/2/29

7. AGE: Years 6 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph High

14. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

MOTHER

15. MAIDEN NAME Mabel Young

16. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

17. INFORMANT Joseph High (Address) 2502 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Place Calvert Co. Lowe, Marlboro Date 9/7 1936

19. UNDERTAKER Thomas E. Kelly (Address) 1303 Preston St.

20. FILED . 19 Registrar

SEP 3 - 1936 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 9/1/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/23/36 . 19 to 9/1/36 . 19

I last saw h[illegible] alive on 9/1/36 . 19 Death is said to have occurred on the date stated above, at 1:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	

Other contributory causes of importance:

None	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Kennedy Wallace M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 26983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26983

CERTIFICATE OF DEATH

92-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Stricker St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 2 mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachal Virginia Dennis

(a) Residence: No. 807 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25 yrs	2 mos	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60°

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Dennis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rachel Jordan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Florence Dennis
(Address) 233 N Arlington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9/3/36 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

SEP 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 St. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15th 1936 to Aug 31 St 1936

I last saw h... alive on August 24 1936 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
She had been ill for a years or longer	
Other contributory causes of importance:	
Pulmonary Congestion	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. B. Evans M. D.

(Address) 657 W. Franklin St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K

F 26984

F 26984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thelma Elizabeth Jones

(a) Residence: No. 228 N. Strecker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Cil	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/14/1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 60 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Milford Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Flossy Gilmor

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Flossy Jones
Address) 228 N. Strecker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pat. Lawn Date Sept 4, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED SEP 3 - 1936 Katie R. Williams U.T.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Sheldon M. D.
Coroner

(Address) 2757 N. Howard

M. D. B 1265-9

F 26985

F 26985 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1077 West Fayette St. 18-W Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hester Dixon

(a) Residence: No. 1077 West Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dixon

6. DATE OF BIRTH (month, day, year) Mar 13 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME John Giles

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Malachia Butler (nephew)
(Address) 1077 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 3, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322A Schroeder St.

20. FILED Sept 3 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above. 11-a m.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Acute death

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Phillips M. D.
(Address) 1939 Edmondson Ave

SEP 3 1936

94-a

F 26986

F 26986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Stricker St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baldie Edwards

if U. S. Veteran specify WAR .....

(a) Residence: No. 2502 Madison ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) May 24 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Mays

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Lucy Edwards

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lucy Edwards

(Address) 2502 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 3 36 19

19. UNDERTAKER Mrs Geo. A. Holland

(Address) 1631 Druid Hill Ave

20. FILED SEP 3 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea & Enteritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O Hanner M. D.
Coroner

(Address) 121 E Hamburg

F 26987.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 450 Whitridge Ave. Ward) Sept 3

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara M. Skypeu

(a) Residence: No. 450 Whitridge Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Skypeu.

6. DATE OF BIRTH (month, day, year) Feb 2 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John F. Bauman.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Hedrick

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Fred Skypeu.
(Address) 450 Whitridge Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept. 1936

19. UNDERTAKER L. Thompson & Son.
(Address) 2615 Christmyer.

20. FILED SEP 3 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1935 to September 1st 1936

I last saw her alive on Sept 1st 1936 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Apoplexy	Sept 1, 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo L. Kuczek M. D.

(Address) 126 S. Patterson Pk. Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26987.

Spec.—9-30—A. & Co.—250 Bks.

F 26988

O.K.—Paul Shanley, M.D.

F 26988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓94-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2035 E 32nd ST. 9-6 WARD)

2-FULL NAME Philip C. TREIDE

(a) RESIDENCE No. 2035 E. 32nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amalia Treide

6 DATE OF BIRTH (month, day, and year) December 1st 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work merchant

(b) General nature of Industry, business, or establishment in which employed (or employer) Dry goods

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John H.D. Treide

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baden Germany

12 MAIDEN NAME OF MOTHER Louise Pagels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs John Treide

(Address) 2035 E 32nd St.

15 Filed SEP 3 1936 Washington Delaware Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1st 1936

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

that I ~~last~~ saw him alive on ....., 19.....

and that death occurred, on the date stated above, at 3:15 P. M.

The CAUSE OF DEATH* was as follows:

arteriosclerosis.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis.

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? History symptoms & appearance

(Signed) A.S. Chaffant M. D.

Sept. 1936 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn — DATE OF BURIAL Sept 4. 1936

20 UNDERTAKER L. Hellmann & Son — ADDRESS 32 S. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 26989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 10-5 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Morgan

If U. S. Veteran specify WAR ...

(a) Residence: No. 1719 Orleans St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 29, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Morgan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Marie Brown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marie Morgan

(Address) 1719 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 2 1936

19. UNDERTAKER Mt. Calvary Morgue

(Address) 2611 W. Lafayette Ave

20. FILED Sept 9 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero-Colitis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26990 F 26990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2845 Prospect St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian May Mackenzie, If U. S. Veteran specify WAR

(a) Residence: No. 2845 Prospect St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Mackenzie,

6. DATE OF BIRTH (month, day, year) November 26, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard D. Steuart.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Emmart,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Clarence Mackenzie

(Address) 2845 Prospect St.

18. BURIAL, CREMATION, OR REMOVAL SEP 4 1936

Place Woodlawn Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED SEP 3-1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1936 to Sept 1 1936

I last saw h alive on Sept 1 1936 Death is said to have occurred on the date stated above, at 9 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute interstitial nephritis	2 days
	1 mo
	over
Other contributory causes of importance:	
Cardiac decompensation	1 week

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Hyde M. D.

(Address) 3321 Fredbank Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F.M. 26991

F 26991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James E Daughterty

If U. S. Veteran specify WAR .....

(a) Residence: No. 1914 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Daughterty

6. DATE OF BIRTH (month, day, year) July 27-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James E Daughterty

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Burkett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary E Daughterty

(Address) 1914 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9/5/ , 1936

19. UNDERTAKER Frances A Hemsley

(Address) 978 W. Biddle St.

20. FILED SEP 3 - 1936 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellutis of arm 1st	Aug 19 1936
Streptococcic Infection of hand 1st	

Other contributory causes of importance: .....

Was an operation performed? yes Date of Aug 23-36

For what disease or injury? .....

Name of operation Excision & drainage of Aug 23-36

What test confirmed diagnosis? yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Piece of Ice fell on Arm

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jorge S. Adler , M. D.

Coroner

(Address) 509 Augusta St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S E

16780

26992 HEALTH DEPARTMENT—CITY OF BALTIMORE F 26992

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Hanson

(a) Residence: No. 1226 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-24-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist-Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER

13. NAME Carl Hanson

14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME Marie Peterson

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept. 3 1936

19. UNDERTAKER C. Maffie & Son
(Address) 2334 Jefferson St.

20. FILED 19
Registrar.

SEP 3 - 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 9-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1936 to 9-2, 1936

I last saw h IM alive on 9-2 1936 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	8-26-36
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26993

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Dear.

(a) Residence: No. 2652 Harlem ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 6, 1932

7. AGE	Years	Months	Days 27	If LESS than 1 day, hrs. or min.
	3	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry L Dear

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Frances McEwen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Henry L. Dear

(Address) 2652 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place woodlawn Balto Date Sept 5 1936

19. UNDERTAKER Black Coach Hse

(Address) 1900 Eutaw ave Huntington Williams

FILED SEP 3 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22. 1936 to Sept. 3 1936

I last saw him alive on Sept. 3 1936. Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial pneumonitis	Aug 15th

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

Signed H. Edmunds Carter M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F D. 26994

F 26994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH Balto City Hosp — 26-12 — Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .... St. .... Ward)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Irene Mullins — If U. S. Veteran specify WAR ....

(a) Residence: No. 806 Maxwell Ave St. Dundalk Md Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mullins

6. DATE OF BIRTH (month, day, year) Oct 28-1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
28	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Lone Va

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Anna Mullins
(Address) 806 Maxwell ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Sept 4th 1936

19. UNDERTAKER George A. Weber
(Address) 765 E Lanvale St

20. FILED SEP 3 - 1936 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-36 1.05 PM 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Punctured Lung Left	8/29

Other contributory causes of importance: ....

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury 8/29, 1936
Where did injury occur? Near Trappe Road Dundalk (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury ....
Nature of injury Struck by Automobile While Walking

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Hubert F. Gurley Auto. M. D. Coroner
(Address) 907 N. Charles

F 26995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 26995

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Jarzynski (15513)

(a) Residence: No. 705 S. Regester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) April 25, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. or87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Mary Gracekowska

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept 6 R. 1936

19. UNDERTAKER George J. Weber
(Address) 705 S. Conkling St

SEP 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1936, to September 2, 1936
I last saw h... alive on September 2, 1936. Death is said to have occurred on the date stated above, at 1:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lem H. Feldman M. D.
(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26996 Spec. 10-21 — M.C.I. — 1500 Bks.

F 26996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 409 Calhoun ST. 14-1 WARD)

2-FULL NAME Josephine Clemmons

(a) RESIDENCE NO. 409 Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Clemmons

6 DATE OF BIRTH (month, day, and year) Jan 29 1891

7 AGE: Years 45 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Jewson md.

PARENTS

10 NAME OF FATHER Isaac Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Maggie Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant alice Robinson
(Address) 409 N. Carlton St

15 SEP 3 - 1936 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/31 1936

17 I HEREBY CERTIFY, That I attended deceased from 8/25, 1936, to 8/31, 1936, that I last saw h alive on 8/31, 1936, and that death occurred, on the date stated above, at 8.15 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchitis - Pneumonia

(duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. E. Jackson M. D.

9/1, 1936 (Address) 600 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Rest | DATE OF BURIAL Sept. 3 1936

20 UNDERTAKER Mrs. Georgie E. Holland | ADDRESS 1605 Druid Hill Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F. 26997

F. 26997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Gooden

(a) Residence: No. 1101 E Arlington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocks, Harford Co. Md.

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

FATHER

15. MAIDEN NAME Eliza Jones

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Walter Gooden

(Address) 622 - 8 N. Ave. N. Y. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Sept 3 1936

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) Huntington, W. Va.

20. FILED SEP 3 1936, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936 to Sept 1, 1936

I last saw her alive on Aug 31, 1936 Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

myocardial degeneration

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wallace Shennington M. D.

(Address) 1606 Penna. Ave.

B—WRITE PLAINLY, with unfading ink. Filling should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

26998

✓ F 26998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Key Highway & York St. St., 22-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Unknown.

If U. S. Veteran specify WAR.....

(a) Residence: No. Do not know. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mud School Date Aug 23 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Otto E. Reinhardt M. D.

8/31/36 (Address) 1017 S. Charles Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

EP 3-1936

2567

M. D. B. 1268-9

F 26999

F 26999 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Le Roy Foster

If U. S. Veteran specify WAR .....

(a) Residence: No. 512 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) July 21 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Le Roy

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Wheeler Bur

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Balto City Hos. records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Med Cem Date Sept 3 1936

19. UNDERTAKER [illegible]

(Address)

20. [illegible] Registrar

SEP 3 1936

2568

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by autopsy and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pyonephrosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. M. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27000

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~[illegible]~~ 4011 Forest Park Ave ST. 15-10 WARD)

2-FULL NAME Frederick Osterling

(a) RESIDENCE NO. 4011 Forest Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Osterling

6 DATE OF BIRTH (month, day, and year): April 9th 46

7 AGE: Years 90 Months 4 Days 27 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 0045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Ida E. Osterling

(Address) 4011 Forest Park Ave

15 Filed SEP 3-1936 19 Ft. Eustis Williamsburg, Va. Registrar

Pvt.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 1936

17

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1936, to Sept 29, 1936,

that I last saw him alive on Sept 27, 1936,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Senile Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination ~~Symptoms~~

(Signed) Joseph E Gichner, M. D.

19 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept 5 1936

20 UNDERTAKER: Josiah Ziffer — ADDRESS: 1600 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

F 27001

F 27001 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Gorsuch Ave St., 9-7 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry J Kraft

(a) Residence: No. 1645 Gorsuch Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Madeline Stansbury

6. DATE OF BIRTH (month, day, year) Aug. 20, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58		13	

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Kraft

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Meise

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Madeline Kraft
(Address) 1645 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept 5 1936

19. UNDERTAKER Harry W. Eblen
(Address) 1944 W. Madison

20. [illegible] Wilkinson [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14th 1936, to Sept 2, 1936

I last saw him alive on Sept 2, 1936 Death is said to have occurred on the date stated above, at 12.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Chr Nephritis	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur C Monnoyer M. D.

(Address) 800 E North Ave

SEP 3 - 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS [illegible] be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be [illegible] mark of certificate. OCCUPATION is very important. See instr.

F 27002 ✓ F 27002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Greenmount St., 10-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Loretta Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 Greenmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Carroll Lee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Grant

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Lee

(Address) Phila. Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 4, 1936

19. UNDERTAKER Rula Windfield

(Address) 914 Greenmount Ave

Huntington Williams, M.D.

Registrar.

20. FILED SEP 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation.	

Other contributory causes of importance: Chr. nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elvin D. Wallace, M. D.

Coroner.

(Address) 1031 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. B 1268-9

F 27003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

212 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Lee Holly Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 515 N. Fairmount Ave St.,

(Usual place of abode) Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Holly

6. DATE OF BIRTH (month, day, year) Feb. 2, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 5086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles Holly

14. BIRTHPLACE (city or town) (State or country) St. Marys Co, Md

MOTHER

15. MAIDEN NAME Elsie Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elsie Holly

(Address) 1512 W Fairmount Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept. 3, 1936

19. UNDERTAKER (Mrs.) Katie R. Williams

(Address) 322 N. Schroeder St

No. 19 36 Huntington Williams

RKH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fr. Rt. Forearm	
Gas Gangrene	
Shock	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 9/1/36

For what disease or injury? Gangrene & Burn

Name of operation Amputation Date of 9/1/36

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/31, 1936

Where did injury occur? Balto. Co

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Farm.

Manner of injury Injured while plowing

Nature of injury Horse Runaway & man thrown

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B. Wallace M. D.

(Address) 1031 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 3 1936

F 27004

F 27004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 Union Ave St., 13-6 Ward)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Jerome J. Hatten

(a) Residence: No. 1412 Union Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Hatten

6. DATE OF BIRTH (month, day, year) Dec. 26-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James T. Hatten

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Neubeck

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Bertha L. Hatten
(Address) 1412 Union Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept. 5- 1936

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED SEP 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1- 1936

I HEREBY CERTIFY, That I attended deceased from Oct 26 1935 to Sept 1 1936

I last saw him alive on Sept 1 1936 Death is said to have occurred on the date stated above, at 4:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a For Pneumonia	8/25/36

Other contributory causes of importance: Heavy Cold

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John Mossum M. D.

(Address) 3632 Roland Ave

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be given EXACTLY in years, months and days. If less than one day, state hours or minutes. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27005

F 27005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Dukeland St., 15-7 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eulalia Daniels

(a) Residence: No. 2101 Dukeland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Fem.	Colr	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard S. Daniels

6. DATE OF BIRTH (month, day, year) May 22 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Mattocks

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Clifford Daniels

(Address) 2104 Dukeland.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 9-5 1936

19. UNDERTAKER Jno. Chas. A. G. Robb & Son

(Address) 2327 Edmondson Ave.

20. FILED SEP 4 1936 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1936 to Sept 3rd 1936. I last saw her alive on Sept 3 1936. Death is said to have occurred on the date stated above, at 3.08 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	Sept 1st

Other contributory causes of importance:

Arteriosclerosis and Nephritis	3 yrs.

Was an operation performed? no Date of —

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herbert E. Zepp M. D.

(Address) 3048 N. Front St. Baltimore

N. B.—WRITE PLAINLY. All items should be carefully supplied. AGE: Any information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-2

F 27006

F 27006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

9-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Norwood

(a) Residence: No. 2817 Reese ~~###~~ Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 28th, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
0	0	6 5	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Earl Norwood

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mildred R. Clements

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Earl Norwood (Father)
(Address) 2817 Reese Street

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands Park Date [illegible] 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

FILED [illegible] 1936 [illegible]

SEP 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Intra-Cranial hemorrhage - (Received at birth)

over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1914 E. North ave.

N. B.—WRITE PLAINLY. Should be carefully supplied. All information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 27007

27007 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 95-B

Registered No. 7106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 35 St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victoria Cant

(a) Residence: No. 233 Preston St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be given in YEARS for all persons, and for children under 1 year of age state AGE in DAYS. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George

6. DATE OF BIRTH (month, day, year) 9/15/~~1891~~ 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~54~~ 44	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Alexander Simons

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Josephine Rice

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 5, 1936

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar.

SEP 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1936 to 9-1, 1936

I last saw her alive on 9-1, 1936 Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1934
Bronchial Asthma	Unk
Other contributory causes of importance:	
Arteriosclerosis	Unk

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

Spec.—8-16-29—L. F. S.—100 Bks.

F 27008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27008

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

REGISTERED NO. 15-27

CITY OF BALTIMORE: (No. 1814 Laurens ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha M.R. Brackston

(a) RESIDENCE NO. 1814 Laurens ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Richard Brackston

6 DATE OF BIRTH (month, day, and year) June 7, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles Roberts
(Address) 514 Laurens st

15 Filed SEP 4 - 1936 Huntington Wilkins (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2, 1936

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 2, 1936, that I last saw her alive on Sept 1, 1936 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard, M. D.

9/3. 1936 (Address) 1063 Whitelock ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Sept 5 1936

20 UNDERTAKER George S Kelson — ADDRESS 1303 Pennsylvania ave

N. B.—WHITE PLAINLY. Information should be carefully supplied. AGE should be given. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 27009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27009

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Roland Ave. St. 27-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Wight

If U. S. Veteran specify WAR .....

(a) Residence: No. 5713 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Wight

6. DATE OF BIRTH (month, day, year) Feb. 8 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cinn. Ohio

FATHER

13. NAME Alfred Mauthe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Baker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Grahme
(Address) 73 Summit Ave. Bronxville, NY

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 9/5/36 19

19. UNDERTAKER J. Bloomingdale Sons
(Address) 805 N. Calvert St.

20. FILED SEP 4 - 1936 Huntington Williams, M.D.

N. B.—WRITE PLAINLY. All items must be carefully supplied. AGE should be given in years, months and days. Any information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28th, 1936, to Sept 3rd, 1936

I last saw her alive on Sept 3rd, 1936 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Aug 1936
Kidney ochemia	Aug 1936

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Chatard M. D.

(Address) 800 N. Calvert St. Baltimore

F 27010 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27010

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 W. North Ave. St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Spelshouse

(a) Residence: No. 2435 W. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): Nov. 12, 1863

7. AGE: Years 72 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

FATHER

13. NAME: Spelshouse

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elise Deerhoff

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Dr. Ralph Lange (Address) 1605 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Sept 4 36

19. UNDERTAKER: Chas. Pickard & Sons (Address) North & Fa aves

20. FILED ... 19... Registrar.

SEP 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936, to Sept 2nd, 1936

I last saw her alive on Sept 2nd, 1936. Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Sided Hemiplegia	7th
Total ... of about	day
2 months duration	of
followed by Bronchial	June
Pneumonia —	
Senility	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. P. Boyle, M. D.

(Address) 2075 W North Ave

information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27011

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 Woodbrook Ave. 3-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Christopher St. John

(a) Residence: No. 2842 Woodbrook Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Carrie B. St John

6. DATE OF BIRTH (month, day, year): June 26 1859

7. AGE: Years 77 | Months 2 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (D 54)

10. Date deceased last worked at this occupation (month and year): 1921

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wash. D.C.

FATHER

13. NAME: George St. John

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Charity Disney

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs Carrie B. St John

(Address) 2842 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem. Date: Sept 5 1936

19. UNDERTAKER: Wm. J. Dekyer Sons

(Address) North & Pearl.

20. FILED ..... 19 ..... Registrar.

SEP 4 - 1936 Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23rd 1936 to Sept. 3rd 1936

I last saw him alive on Sept. 2nd 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Albert C. Rudy M. D.

(Address) 245 Reisterstown Rd.

V. S. R.—WRITE information should be carefully supplied. All information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 27012 F 27012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936c

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2504 E Oliver St. E-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S. If of foreign birth 82 yrs. 3 mos. 28 ds.

2. FULL NAME Greenbury Washington Jackson — If U. S. Veteran specify WAR NONE

(a) Residence: No. 2504 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha V. Jackson

6. DATE OF BIRTH (month, day, year) about May 20 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 82	3	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1932 — 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Wm. Jackson

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Sewall

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT Mrs Lillian Skomer (daughter)
(Address) 2504 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept 4 1936

19. UNDERTAKER Stewart Mortuary Co.
(Address) 1054 W Baltimore St.

FILED Sept 4 1936, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to Sept 2nd 1936

I last saw h... alive on Sept 2, 1936. Death is said to have occurred on the date stated above, at 4 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Other contributory causes of importance:	
a Cor Pulmo	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. White Jr. M. D.

(Address) 2801 St Paul St

EP 4-1936

N. B.—WRITE PLAINLY. Information should be carefully supplied. Also state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27013 8636

F 27013

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 53E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-5 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James L. Hefling

(a) Residence: No. Enniscrotth Ave. Nashville Tenn. Ward. Mdg 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 30, 1917

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
19	2 —	3 —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn

FATHER

13. NAME J. C. Hefling

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Bessie Sperry

16. BIRTHPLACE (city or town) (State or country) Tennessee.

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Nashville, Tenn. Date Sept. 7. 1936

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

Huntington West Virginia

20. FILED SEP 4 - 1936 . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13th 1936 to Sept 3 1936

I last saw him alive on Sept 3 1936 Death is said to have occurred on the date stated above, at 8:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Round Cell Sarcoma Spinal Dura	1933
& Metastases — Tracheal Obstruction	9/1/36
Cardiac Failure & Pulmonary Edema	1936

Other contributory causes of importance:

Generalized Anasarca - Motor & Sensory Paralysis below C7 Jan-1933 Oct. 1935

Was an operation performed? Yes Date of May 1936

For what disease or injury? Sarcoma Spinal Dura

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

Signed Milton B Coby M. D.

(Address) Johns Hopkins Hosp Balto, Md.

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE, CAUSE OF DEATH and OCCUPATION must be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Balto Transit Barn Huron

CITY OF BALTIMORE: (No. Eastern Ave & Hoen St., 8-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Wm Henry Roberts Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 1752 E. North Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna May

6. DATE OF BIRTH (month, day, year) July 28 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	49	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Anna May Roberts

(Address) 1752 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem. Date Sept. 4 1936

19. UNDERTAKER George W. Zepler & Son

(Address) 1737 E Eager St

FILED SEP 4 - 1936 Huntington Pattison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Wagley M. D.

Coroner

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. If less than one year state AGE in months, days or hours. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27015 ✓ F 27015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5601 Cardiff Ave St. 26-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Wagner

If U. S. Veteran specify WAR .....

(a) Residence: No. 5601 Cardiff Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Wagner

6. DATE OF BIRTH (month, day, year) July 17, 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Wagner

(Address) 5601 Cardiff Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn. Date Sept 5, 1936 am BH.

19. UNDERTAKER George W. Zirkler

(Address) 1737 E Eager St

20. FILED SEP 4 - 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2/36. D

22. I HEREBY CERTIFY, That I attended deceased from May, 1935 to Sept 2, 1936

I last saw h[illegible] alive on Sept 1, 1936. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Apoplexy	Sept 1936
Chr. Hypertensive	
Myocardial failure	Sept 1936

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Schminnek, M. D.

(Address) 842 S. East Ave.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27016 ✓ F 27016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1505 N. Chapel St. St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinando Vecchioni — If U. S. Veteran specify WAR

(a) Residence: No. 1505 N. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carmella Vecchioni

6. DATE OF BIRTH (month, day, year): July 21 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	13	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Salvatore Vecchioni

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Mariuccia Aiello

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Salvatore Vecchioni

(Address) 1505 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cemetery Date: September 5, 1936

19. UNDERTAKER: Howard N. Bright Jr.

(Address) 4914 Belair Road

Registrar

20. FILED 19

EP 4 - 1936

N. B.—WRITE PLAINLY. WITH INDELIBLE INK—[illegible]. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenper M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

✓ F 27017

F 27017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Cleveland St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bryan Leo Hargadon

(a) Residence: No. 1105 Cleveland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20-1906.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bryan-Charles Hargadon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Hellen M Boone

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Eugene F. Hargadon

(Address) 662 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 5 1936

19. UNDERTAKER Vernon Kuhner

(Address) 230 Edmondson Ave

20. FILED SEP 4 - 1936 Huntington Pittman M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1- 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15 1936 to Sept 1- 1936

I last saw him alive on Sept 1- 1936. Death is said to have occurred on the date stated above, at 9 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastic Carcinoma of Liver & Metastasis to Brain & Spinal Cord	

Other contributory causes of importance:

Pulmonary Edema

Name of operation Exploratory Date of April 2-36

What test confirmed diagnosis Clinical & Microscopic

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Herbert C Kutsch M. D.

(Address) 2151 Waldeno ave

N. B.—WRITE information should be carefully supplied. Age must be given in all cases. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27018

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Myrtle Ave. St., 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Bolden

If U. S. Veteran specify WAR World

(a) Residence: No. 206 Myrtle Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS INFORMATION IS REQUIRED BY LAW. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Bolden

6. DATE OF BIRTH (month, day, year) March 15 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ella Bolden

(Address) 206 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place M. L. National Date Sept 4 1936

19. UNDERTAKER Chas. L. Fother

(Address) 514 N. Eutaw St

FILED 19

SEP 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably Intestinal Obstruction

(Cause Unknown)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Q. Allen M. D.

Coroner

(Address) 2737 W. North Ave

F 27019

F 27019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Kelly Ct St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Kelly Ct St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Butler

6. DATE OF BIRTH (month, day, year) — 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME John Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Cole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Loretta Scott

(Address) 713 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 5 1936

19. UNDERTAKER James Adams

(Address) 1 [illegible] Wilkens, Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Sept 3. 1936

I last saw him alive on Sept 3. 1936. Death is said to have occurred on the date stated above, at 6.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dorsal Nephritis.	1 yr ago

Other contributory causes of importance:

None

Was an operation performed? none Date of —

For what disease or injury? None

Name of operation none. Date of .....

What test confirmed diagnosis? Clinical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

Signed J. Chas. Norton, M. D.

(Address) 1000 N Londale St.

EP 4 - 1936

P. S.—Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 27020

F 27020 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. On street car Balto. Mnt. St., 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Oliver

If U. S. Veteran specify WAR .....

(a) Residence: No. 4010 Pemberton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Oliver

6. DATE OF BIRTH (month, day, year) July 4, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P. A. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo T. Oliver

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice Robinson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Lucile A. Oliver

(Address) 4010 Pemberton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 9/5/36

19. UNDERTAKER Chas. J. Black

(Address) 1100 W. North ave

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	about 5 yrs
Acute Cardiac dilatation	9/3/36

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Mundenbrock, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—[illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 7 - 1936

F 27021 ✓ F 27021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Poplar grove St., 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. — mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah R. Griffin

If U. S. Veteran specify WAR .....

(a) Residence: No. 2212 Poplar grove St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Griffin

6. DATE OF BIRTH (month, day, year) Dec 14 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Timothy Hennessy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary? Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry J. Griffin

(Address) 2212 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery Date Sept 5, 1936

19. UNDERTAKER Chas. S. Black

(Address) 742 W. Fayette Ave

Sept 5 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Sept 2, 1936

I last saw her alive on Sept 2, 1936 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 1/36
Other contributory causes of importance: Cystitis Decubitis & Cachexia	Indefinite

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. L. Campbell M. D.

9/4/36 (Address) 1644 Hanover St

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman Hospt. St. 14-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Belle Walters

(a) Residence: No. Reisterstown Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry I Walters

6. DATE OF BIRTH (month, day, year) July 21 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Caleb Price

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lydia Gill

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Harry I Walters
(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul Date Sept 7 1936

19. UNDERTAKER J. F. Ellery & Sons
(Address) Reisterstown Md

20. FILED SEP 4 - 1936 19 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to Sept. 4, 1936.
I last saw her alive on Aug. 3, 1936. Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Embolism	Aug 4 1936

Other contributory causes of importance:

Arteriosclerotic Heart Disease	
Auricular Fibrillation	2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? Clinical + P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Woman's Hospital

N. B.—The information should be carefully supplied. All questions should be answered. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 3

M. D. B. 1268-9

F 27023

F 27023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Wolfe St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Sothoron

(a) Residence: No. 916 N Wolfe St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Sothoron

6. DATE OF BIRTH (month, day, year) Aug 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 537

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Mary Co. Md

FATHER

13. NAME William Ford

14. BIRTHPLACE (city or town) (State or country) St Mary Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jennie Banks

(Address) 1012 N Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 9/5 1936

19. UNDERTAKER Raymer Sanders

(Address) 1413 E. Preston St.

20. FILED SEP 4 1936 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1936 to Aug 30 1936

I last saw h alive on Aug 30 1936 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency 95C3	
Acute Bronchopneumonia 107	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Bloomstein, M. D.

(Address) 733 Argyle St

F 27024

F 27024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Charles C. Sanner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2032 E. 30th St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sadie Sanner

6. DATE OF BIRTH (month, day, year) Feb 10 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76 years	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fish dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James H. Sanner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Eberle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sadie Sanner

(Address) 2032 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Sept. 7th 1936

19. UNDERTAKER Chas. H. Young & Son

(Address) 718 W. Mt. Royal Ave.

20. FILED ..... 19.. Register's signature .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1936 to 9-3 1936

I last saw him alive on 9-3 1936 Death is said to have occurred on the date stated above, at 12 m. N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary heart disease	
(b) Chronic Glomerulitis *	
Other contributory causes of importance: *	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. J. H. Williams M. D.

(Address) Maryland General Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 4 - 1936

F 27025

27025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3 (Ward)

Registered No. 16520

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Henson

(a) Residence: No. 319 E. Spring St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 4-23-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Burrs

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Cooper

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 5 1936

19. UNDERTAKER Robert E. Williams
(Address) 15 15 N. Mc Culloh St

20. FILED SEP 4 - 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19 1936 to 8-31 1936

I last saw her alive on 8-31 1936 Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
undetermined	
Other contributory causes of importance: Cancerous of Vulva	March 1936

Was an operation performed? yes Date of 8-22-36

For what disease or injury? Cancerous of Vulva (Cauterization)

What test confirmed diagnosis? None Was there an autopsy? yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. J. Carpenter M. D.

(Address) Baltimore City Hosp.

F 27026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27026

CERTIFICATE OF DEATH

34-9-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-1 Ward)

Registered No. 16748

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1914 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Elliott

(a) Residence: No. 211 Herring's Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna (D)

6. DATE OF BIRTH (month, day, year) 7-23-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas (D)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Georgia Waters (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med Colored Date Sept 4 19 36

19. UNDERTAKER
(Address)

20. FILED 19
Registrar.

SEP 4 - 1936

2570

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-29 1936 to 9-2 1936

I last saw h. IM alive on 9-2 1936 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary	8-20-36
Lung abscess	9-1-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27027

318030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27027

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Gozdiski

(a) Residence: No. 620 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/6/79

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repairer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John ?

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Rae ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Brenda
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Sept 4. 1936

19. UNDERTAKER
(Address)

20. FILED Registrar.

SEP 4 - 1936

2572

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1936, to Sept. 1, 1936

I last saw him alive on Sept. 1, 1936 Death is said to have occurred on the date stated above, at 7 55 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Aug. 25 36

Other contributory causes of importance:

Chronic alcoholism

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Palmer Howard Jr. M. D.

(Address) Johns Hopkins Hospital

F 27028

M. D. H. 1268-9

F 27028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

16-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University ospital St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Kaissling

If U. S. Veteran specify WAR

(a) Residence: No. 1811 Rayner Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Kaissling

6. DATE OF BIRTH (month, day, year) Dec. 11, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	69	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationery Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Kaissling

(Address) 1811 Raynor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 7 19 36

19. UNDERTAKER Miriam Cook

(Address) 1217 St Paul Street

20. Filed SEP 4 1936 17. for Wm. Hamilton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. R. Schulze M. D. Coroner

(Address) 2707 N. Howard St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27029

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2708 Kennedy St., Aa 9-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman H Reick

If U. S. Veteran specify WAR O Record

(a) Residence: No. 2708 Kennedy St., ... Ward. .....

(Usual place of abode) 53

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Myrtle Reick

6. DATE OF BIRTH (month, day, year): Dec 13 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Whitman Candy Co

10. Date deceased last worked at this occupation (month and year): 10 Yrs

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George E. Reick

(Address) 2708 Kennedy

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: Sept 5, 1936

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

SEP 4 1936

(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1936 to September 2, 1936

I last saw him alive on September 2, 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ---- Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Montgomery Cullen M. D.

(Address) 401 E. 25th Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27030

F 27030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Homestead St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Keene Linck

If U. S. Veteran specify WAR .....

(a) Residence: No. 1743 Homestead St., ... Ward. .....

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: A. Marguet Linck
7. DATE OF BIRTH (month, day, year): April 27-1891
8. AGE: Years 45 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stopping Stocker
9. Industry or business in which work was done, as mill, saw mill, bank, etc.: Bethlehem Steel Co
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 6 Yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Harry Linck
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: A Marguet Linck
(Address) 1743 Homestead

18. BURIAL, CREMATION, OR REMOVAL: Faith Presbyterian Date Sept 5 1936

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

21. FILED: Sept 4 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936 to Sept 3 1936

I last saw him alive on Sept 2 1936 Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with Exhilitation	Aug 10

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo L Zimmerman M. D.

(Address) 2608 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 4 - 1936

F 27031

F 27031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1434 Boyle St. (Ward) 24-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia M. Robertson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1434 Boyle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) aug. 25, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Robert T. Robertson

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Josephine V. Twigg

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Albert T. Robertson

(Address) 1434 Boyle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Sept 5 1936

19. UNDERTAKER Margaret E. Flynn

(Address) 1732 Boyle St.

19a. [illegible] 19b. [illegible] Registrar.

SEP 4 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1936, to Sept. 4, 1936

I last saw HER alive on Sept. 3, 1936 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Congenital	8/25/36
Other contributory causes of importance: Exhaustion	9/3/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how? .....

9/4/36 (Signed) H. T. Campbell M. D.

(Address) 1614 Hanover St

F 27032

F 27032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Eagle St., 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Middleton Li King

(a) Residence: No. 2021 Eagle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susie A. King

6. DATE OF BIRTH (month, day, year) Jan. 12, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. B&O. R. R. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Ind.

FATHER

13. NAME Andrew King

14. BIRTHPLACE (city or town) (State or country) Howard Co. Ind.

MOTHER

15. MAIDEN NAME Catherine Thompson

16. BIRTHPLACE (city or town) (State or country) Howard Co. Ind.

17. INFORMANT Florence King

(Address) 1704 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Sept 6 1936

19. UNDERTAKER A. Howard Evans

(Address) 1400-02 N. Charles St

19 Lexington Williams, M.D.

Embalmed

SEP 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 3, 1936.

I last saw h[illegible] alive on Sept 1, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	

Other contributory causes of importance:

Hypertension
Bronchial Asthma

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Kermond, M. D.

(Address) 1934 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27033

F 27033 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Gwynns Falls Parkway Ward) 13-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie A. Moore

If U. S. Veteran specify WAR

(a) Residence: No. 1711 Gwynns Falls Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9 - 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Gustave T. Moore

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Isabella Hanson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Mamie Moore

(Address) 1711 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept 5 - 1936

19. UNDERTAKER C. B. Hobart & Son

(Address) 3-0 Custom House Place

SEP 4 - 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Aug 31st 1936

I last saw h alive on Aug 20 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Regurgitation	1 yr
	4 yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If specify

(Signed) Elbert C. Reifert M. D.

(Address) 2245 Reisterstown Rd Balto Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27034

F 27034 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Annapolis ave 25-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred first mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George E. Kurtz

If U. S. Veteran specify WAR.....

(a) Residence: No. 2000 Annapolis ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Kurtz

6. DATE OF BIRTH (month, day, year) July 3-1867

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
69	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kaufer Piano Co.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Jacob Kurtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Bertha Kurtz

(Address) 2000 Annapolis ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 5-36

19. UNDERTAKER F. A. Kippert & Son

(Address) 1300 Eutaw Place

20. Filed SEP 4 1936 Huntington Williams, M.D. Registrar.

APH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2- , 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1936, to Sept. 2, 1936

I last saw him alive on Sept. 2 1936 Death is said to have occurred on the date stated above, at 7.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8-27-36
General Arteriosclerosis	

Other contributory causes of importance:

Cerebral hemorrhage	8-26-36

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Coleman Sherman M. D.

(Address) 1814 Eutaw Place

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27035

CERTIFICATE OF DEATH

X66-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue, Hosp., Ward) 11-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche D. Spicer.

If U. S. Veteran specify WAR .....

(a) Residence: No. Bethel Delaware. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 22, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38 39		1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1068

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Delaware.

FATHER

13. NAME Harvey Spicer.

14. BIRTHPLACE (city or town) (State or country) Delaware.

MOTHER

15. MAIDEN NAME Almeta Hollamon.

16. BIRTHPLACE (city or town) (State or country) Delaware.

17. INFORMANT Mr. Thomas Phillips.

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Del. Date Sept 8 1936

19. UNDERTAKER Mr. Mrs. John W. Geisel & Son

(Address) 801 W. Lafayette St.

20. FILED SEP 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936 to Sept 4, 1936

I last saw h[illegible] alive on Sept. 4, 1936 Death is said to have occurred on the date stated above, at 10.4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia following	
Lymphosarcoma.	

Other contributory causes of importance:

Exophthalmic Goiter	

Was an operation performed? Yes Date of 7-4-36

For what disease or injury? Exophthalmic Goiter.

Name of operation Ligation Date of 9-4-36

What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. J. T. Williams Jr., M. D.

(Address) Md. General Hospital

F 27036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27036

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pollard White

(a) Residence: No. Steel Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Priscilla

6. DATE OF BIRTH (month, day, year) 3/8/94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel White

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Silly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Darlington, Md. Date Sept 7, 1936

19. UNDERTAKER H. D. Bailey
(Address) Darlington, Md.

20. FILED SEP 5 - 1936 Harford County, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936 to Sept 4, 1936

Last saw him alive on Sept 4, 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease.	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Palmer Howard Fletcher, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

F 27037 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 27037

CERTIFICATE OF DEATH

53-E

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1715 W. Lombard St., 19-4 Ward)
Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Webb
(a) Residence: No. 1715 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma R. Webb (nee Brown)

6. DATE OF BIRTH (month, day, year): March 11, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	5	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired-Mail Clerk RR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Federal Gov't
10. Date deceased last worked at this occupation (month and year): 1922
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER
13. NAME: James Webb
14. BIRTHPLACE (city or town) (State or country): Tridelphia, Maryland

MOTHER
15. MAIDEN NAME: Mary Brown
16. BIRTHPLACE (city or town) (State or country): Front Royal, Virginia

17. INFORMANT: Mr. Charles F. Webb
(Address): 80 Carville Ave., Halethorpe

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: Sept. 7th 1936

19. UNDERTAKER: Robert H. Cook
(Address): 1005 W. Baltimore St.

SEP 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936 to Sept 3, 1936
I last saw him alive on Sept 3 1936. Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemangio-Sarcoma right thyroid with metastases to axilla	6 mos before
Senility	

Other contributory causes of importance:

Name of operation: Resection of tumor Date of: 4/1/36
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Grant E. Ward M. D.
(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27038

27038 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital 16-1 St., 186-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minna Schilling

If U. S. Veteran specify W.A.R. No Record

(a) Residence: No. 4304 Parkmont av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Heinrich Schilling

6. DATE OF BIRTH (month, day, year) April 15th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Sprenger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary F. Waldmann

(Address) 2731 Standish ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Sept 7th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED SEP 5 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 1026 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Bruises	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 7/31, 1936

Where did injury occur? 4304 Parkmont ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fell out of bed.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto Diamond M. D. Coroner

(Address) 1216 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27039

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Druid Hill Ave St. 14-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma Scott

(a) Residence: No. 2019 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Scott

6. DATE OF BIRTH (month, day, year) ? - ? - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 2-13-36

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Upshaw

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Va

MOTHER

15. MAIDEN NAME Unknown ?

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Va

17. INFORMANT Mrs Irene Day (Address) 2019 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Sept 6 1936

19. UNDERTAKER James A Stayer (Address) 142 Wilkes St

20. FILED SEP 5 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2-, 1936

22. I HEREBY CERTIFY, That I attended deceased from S-20-, 1936, to 9-2-, 1936

I last saw her alive on 9-2, 1936 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 9-2-36

Other contributory causes of importance:

Arteriosclerosis and hypertension — Date of onset unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Saunders, M. D.

(Address) 1029 N. Stricker St.

N. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 27040

F 27040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Union Ave St. 13-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida H. Roby.

(a) Residence: No. 1503 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Roby.

6. DATE OF BIRTH (month, day, year) Dec 29, 1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 1000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation. (month and year)	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Eugene Roby
(Address) 1503 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
Williamsburg Balto Md. Date Sept 6 1936

19. UNDERTAKER Thanower & Roy.
(Address) 365-11 Eastern Ave Baltimore, Md

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1936 to Sept 3 1936

I last saw her alive on Sept 3rd 1936 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	Yrs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Geo. Dudley Lowry M. D.

(Address) 950 W 36 St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 5-1936

M. D. 12

F 27041

✓ F 27041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Parrish St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 925 Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Brown

6. DATE OF BIRTH (month, day, year) March 4 / 94

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0442

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Duncansville Penna

FATHER

13. NAME Unknown Fla.

14. BIRTHPLACE (city or town) (State or country) Fla.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT Sadie Brown (Address) 925 Parrish St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 9/5 19 36

19. UNDERTAKER Lundy P. Trail & Son (Address) 638 N. Eutaw

20. FILED SEP 5 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 9 05 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O Kaye Coroner, M. D.

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27042 # 5455 F 27042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Johnson

(a) Residence: No. 42 E. Churchill St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry (Deceased)

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jake Noyes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Gross

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Ct Date 9/8/36 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1625 Montgomery St Huntington Williams, MD

FILED SEP 5 - 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1935 to 9-4 1936

I last saw her alive on 9-4 1936 Death is said to have occurred on the date stated above, at 12-4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-2-36
General Paresis	Unk
	...

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27043

CERTIFICATE OF DEATH

486-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 Arunah Ave. St. 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lavinia Hollstein Moul

If U. S. Veteran specify WAR .....

(a) Residence: No. 2425 Arunah Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Moul

6. DATE OF BIRTH (month, day, year) Aug. 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	--	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 87

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John C. Hollstein

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Harman

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mr. James O. Moul

(Address) 2425 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date 9/7/36 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 8 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Thrombosis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 8/30, 19 36

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... Lutheran Church

Manner of injury ..... Fall

Nature of injury ..... Fractured hip & injured spine

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) ..... Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP F-1936

F 27044

27945
317 37

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7½-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 4-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabelle Moore

(a) Residence: No. 1213 E North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-6-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Moore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marcella Courtney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 7 36

19. UNDERTAKER Tilly & Zeiler Inc.
(Address) 40-3 Eastern Ave

20. FILED 19 Registrar

SEP 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 . 1936 to Sept 3 . 1936
I last saw her alive on Sept 3 . 1936 Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myeloid Leukemia	1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) James H. Hovland M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Druid Hill Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Cornish

(a) Residence: No. 1322 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettye

6. DATE OF BIRTH (month, day, year) Jan - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Public Utility

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bettye Cornish

(Address) 1322 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 5 19 36

19. UNDERTAKER Mrs. George H. Holland

(Address) 1631 Druid Hill Ave

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 19 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1936, to Sept 2 1936

I last saw him alive on Sept 2 1936. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Arterio - Sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27046

✓ F 27046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 W. Glover St. St., 6-K Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna A. Eckel

If U. S. Veteran specify WAR .....

(a) Residence: No. 210 W. Glover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wm. H. Eckel

6. DATE OF BIRTH (month, day, year) May 11-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Schleicher

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Milton H. Eckel
(Address) 210 W. Glover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Sept 7 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Arlington St

20. FILED ..... Registrar: [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest from the Inquest, Autopsy or Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner
(Address) 1919 E. North Ave.

FD 5 - 1936

F 27047

STATE OF MARYLAND—CERTIFICATE OF DEATH F 27047

1. PLACE OF DEATH

County ..... Registration Dist. No. 131

Village or City Baltimore City No. 4510 St George Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Holliday

(a) Residence: No. 4510 St. George Ave St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH month, day, and year) Oct 11th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME George Washington

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Martha Horsey

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Jeffie Baylor
(Address) 4520 Saint George Ave.

18. BURIAL, CREMATION, OR REMOVAL
Date of Burial
Place Good Chapel Cemetery Date Sept 5th, 1936

19. UNDERTAKER Archibald B. Hopkins
(Address) 2101 N. Carrollton Ave

20. FILED Sept 8 1936 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 5 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936 to Sept 4, 1936

I last saw her alive on Sept 4, 1936; death is said to have occurred on the date stated above, at 1.10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac Failure (decompensation)	2 years
Arteriosclerosis, General	unknown
Nephritis, Chronic	unknown
Arteriosclerosis, Cerebral	6 Mo.

Other Contributory Causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bennett A. Stacy M. D.

(Address) Cockeysville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268

F 27048 ✓ F 27048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Ward 35 St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Boozman. If U. S. Veteran specify WAR .....

(a) Residence: No. 1341 ward St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia ?

FATHER

13. NAME ? Boozman

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME unknown. ?

16. BIRTHPLACE (city or town) (State or country) Virginia ?

17. INFORMANT Edward Knight

(Address) 1341 Edward St.

18. BURIAL, CREMATION, OR REMOVAL

Place Md Cemetery. Date 9/8/36 19

19. UNDERTAKER C. A. Gaddis

(Address) 2401 Mt Carmel

20. FILED 19 ..... SEP 5 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2-36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h[illegible] death on the day stated above. 11.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN AND INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

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✓ F 27049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., E. 5-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamino Gabrielli

(a) Residence: No. 307 N. Edelwild St., ... Ward. H.L. 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 13 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Enrico Gabrielli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Elizabeth Marino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Friends. JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Sept. 7 36 19

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Monroe St. Huntington Williams, W. Va.

20. FILED ..... 19 .....

Registrar.

SEP 5-1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Sept 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 29th 1936 to Sept 3rd 1936

I last saw him alive on Sept 3rd 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis encephalitis with apparent recovery followed by an acute episode thought to be a post-encephalitic process	July 1936

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert Finley, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F.M. 27050

F 27050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-2-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 21-1 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul J. McCaffrey.

(a) Residence: No. 1016 S. Paca. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora. McCaffrey.

6. DATE OF BIRTH (month, day, year) June 28th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Thomas. McCaffrey.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary. Mellon

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Dora. McCaffrey. (Wife)
(Address) 1016 S Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral. Date 9-8th. 1936

19. UNDERTAKER Bernard C. Harle
(Address) 121 E. West St.

20. FILED SEP 5 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Sept 4 1936

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5-45 P m

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. E. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F[B] 27051

F 27051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Argyle ave St., 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Anderson Brown U.S. Veteran specify WAR .....

(a) Residence: No. 1307 Argyle ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clint Brown

6. DATE OF BIRTH (month, day, year) May 25, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43 42	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 403

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ft. Co. Md

FATHER

13. NAME James H. Turner

14. BIRTHPLACE (city or town) (State or country) Ft. Co. Md

MOTHER

15. MAIDEN NAME Mary Randall

16. BIRTHPLACE (city or town) (State or country) Ft. Co. Md

17. INFORMANT Clint Brown

(Address) 1307 Argyle ave.

18. BURIAL, CREMATION, OR REMOVAL Brewer Bros Cem Date Sept 6 1936

19. UNDERTAKER Bernard O'Malley

(Address) 848 Druid Hill ave

Huntington Postmaster, N.Y.

20. FILED SEP 5 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann Coroner, M. D.

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. B 1268-9

F 27052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27052

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 268 Register St. 2-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicie Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 26 S Register St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robinson

6. DATE OF BIRTH (month, day, year) April 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME John Holland

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Cornelia Johnson

(Address) 26 S Register St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Sept 5, 1936

19. UNDERTAKER Mrs Pearl R Ellis-daughter

(Address) 429 Fairmount St

20. FILED SEP 5 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3rd, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Sept 3 1936
Other contributory causes of importance: Myocarditis	Chronic 1936

Was an operation performed? no Date of ...

For what disease or injury? no

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Wm S. Allen, M. D.

Coroner

(Address) 150 Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. PHYSICIANS should be careful, and should carefully supply all information. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s e

M. D. B. 1948-9

F 27053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27053

CERTIFICATE OF DEATH

✓ 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 688 Pierce St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry T. Sample

(a) Residence: No. 688 Pierce Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Hack

6. DATE OF BIRTH (month, day, year) Oct 9, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 59 years	10 10	23 24 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

FATHER

13. NAME Littleton Sample

14. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

MOTHER

15. MAIDEN NAME Sarah Sample

16. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

17. INFORMANT Harry Sample

(Address) 723 Pierce Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Sept 8, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

FILED ..... Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12th 1936 to Sept 4th 1936

I last saw him alive on Sept 1st 1936 Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	8-1-36
	Over
Other contributory causes of importance: Uremia	12 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

X. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. B. Tevans M. D.

(Address) 458 W. Franklin St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9361

F 27054

F 27054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospital

Registered No. 26644

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond C Kelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 6634 E Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Raymond E Kelly

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Edna B. Starr

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Raymond E Kelly

(Address) 6634 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 7 1936

19. UNDERTAKER John C. Williams

(Address) 2200 E. Eager St.

SEP 5 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 7.15 PM

21. DATE OF DEATH (month, day, year) 9-3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury 9-3 1936

Where did injury occur Philadelphia Road near Harford St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Passenger Front of automobile

Nature of injury Struck Backed Car

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Hendry Coroner M. D.

(Address) 707 N Calvert

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27055

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 E. Lombard 46-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Dreager

If U. S. Veteran specify WAR .....

(a) Residence: No. 3722 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) June 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8078

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Matthew Dreager

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Dorothea Braun

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dan James Rockett

(Address) 136 N. Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ho Redeemer Date Sept. 7, 1936

19. UNDERTAKER John A. Mahan

(Address) 3000 E. Baltimore

Filed SEP 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4/36 19

22. I HEREBY CERTIFY, That I attended deceased from July 15- 19 36 to Sept 4-36

I last saw him alive on Sept 4- 1936. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	3 mo

Other contributory causes of importance:

none

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation Exploratory Date Aug 4th 36

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos J. Herrman M. D.

(Address) 2913 E. Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27056

F. 27056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence John Kelleher

(a) Residence: No. Richmond, Va. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Kelleher

14. BIRTHPLACE (city or town) (State or country) County Cork Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known Not Known

17. INFORMANT Records of Mt. Hope (Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place Richmond, Va. Date Sept 8/36

19. UNDERTAKER Stewart & Mowen Company (Address) 108-20-North Ave

20. [illegible] Huntington Williams, M.D. [illegible]rar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Sept. 5, 1936

I last saw h[illegible] alive on Sept 5, 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sept Lobar Pneumonia	9/1/36

Other contributory causes of importance:

Arteriosclerosis Cerebral with depression	11 Mos.

Name of operation None Date of ...

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Duncan T. Ayers M. D.

(Address) 3326 Parkside Ave Baltimore Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 6-1936

F 27057

F 27057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Springhill ave 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Reba Goodman

(a) Residence: No. 2702 Springhill ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel Shapiro

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Goodman

(Address) 2702 Goodman

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Rosedale Date Sept 6 1936

19. UNDERTAKER Sol Levin & Bros

(Address) 1122 E Balto st

FILED SEP 6 - 1936 Funeral Home Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936 to Sep 5th, 1936

I last saw her alive on Sep 5, 1936. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	one

Other contributory causes of importance: Diabetes Mellitus

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M Chodorow, M. D.

(Address) 2225 Linden ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27058

CERTIFICATE OF DEATH

5-2 V 124-a

Registered No. 16611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME James Hanlon

(a) Residence: No. Belair Hotel-Mott & Ensor St. St., ... Ward.

(Usual place of abode)

No War Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 3/14/1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — 0087

10. Date deceased last worked at this occupation (month and year) — —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hanlon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rose Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns (Long Green) Date Sept 8th, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1936 to 9-5, 1936

I last saw h/m alive on 9-5, 1936. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laennec's Cirrhosis of Liver	1934
Chronic Alcoholism	1910

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Kerney M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 6 - 1936

F 27059

27059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. 59

CITY OF BALTIMORE: (No. ..... St., 15 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ferdinand Sudbrook. If U. S. Veteran specify WAR No Record

(a) Residence: No. 2542 West North Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Sudbrook

6. DATE OF BIRTH (month, day, year): Oct 18-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Henry Sudbrook

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Henry Sudbrook

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Anna Hick

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Kathryn Mackenrodt
(Address) 931 Hoburton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebron Cemetery Date: Sept 7, 1936

19. UNDERTAKER: Williams Cook
(Address) 1217 St Paul Street

20. FILED: Huntington Williams, M.D. Sept 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1936, to September 4, 1936.
I last saw him alive on September 4, 1936. Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	9/4

Other contributory causes of importance:
Diabetic Gangrene of right lower extremity

Was an operation performed? Yes Date of 8/28/36

For what disease or injury? Diabetic Gangrene of Rt. Foot

Name of operation amputation of Middle + Third-Rt. Leg Date of 8/28/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis Joseph Krall M. D.
(Address) South Baltimore Genl Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 6-1936

F 27060

F 27060 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. 16754

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Caulk

(a) Residence: No. 2135 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 3/21/1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) 3/21/1856 Balto Md

FATHER

13. NAME Samuel Bourne

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Dykes

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Sept 7th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. [illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5/36

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1936 to 9-5, 1936

I last saw h. alive on 9-5 1936. Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	8-29-36
Cerebral arteriosclerosis	unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6-1936

M. D. B 1268-9

F 27061

F 27061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640 Harford Rd. St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Buffington

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2640 Harford Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Buffington

6. DATE OF BIRTH (month, day, year) Nov. 9, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David F. Buffington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Crabs.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Charles Snyder

(Address) 2640 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 7th 1936

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. Sept 6 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker M. D.

Coroner

(Address) 1919 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27062

F 27062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Hanbert (Hanbert St) St. 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Elizabeth Gray

(a) Residence: No. 1300 Hanbert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scaval

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Worcester Mass.

FATHER

13. NAME Harold J. Gray

14. BIRTHPLACE (city or town) (State or country) Worcester Mass

MOTHER

15. MAIDEN NAME Hazel M. Perry

16. BIRTHPLACE (city or town) (State or country) Weedon Vt.

17. INFORMANT Harold J Gray

(Address) 1300 Hanbert St

18. BURIAL, CREMATION, OR REMOVAL

Place Leden Hill Date Sept 7, 1936

19. UNDERTAKER Geo. Howard Evans

(Address) 1430 Druid Hill Ave

[illegible] 19 .....

Registrar

P 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1936 to Sept 3, 1936

I last saw h[illegible] alive on Sept 3, 1936 Death is said to have occurred on the date stated above, at 8:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Decompensated	11 day
Other contributory causes of importance:	
Hodgkin's Disease	11 day

Was an operation performed? Yes. Date of Apr 1936

For what disease or injury? .....

Name of operation Removal gland for biopsis Date of .....

What test confirmed diagnosis? Microscopic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F A Stevens, M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27063

A. D. B. 1268-9

F 27063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH In front 500 Tudemere Ave (Ward) 27-5 210-B
Taken to Union Memorial

CITY OF BALTIMORE: (No.) ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. if of foreign birth -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore J. Hangarter

(a) Residence: No. 7010 Harford Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathryn Biden

6. DATE OF BIRTH (month, day, year) Jan. 3, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monumental Life Insurance Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

FATHER

13. NAME John Hangarter

14. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Stapenhorst

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT J. George Winter
(Address) 616 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 9/7 1936

19. UNDERTAKER Henry H. Myers and Son
(Address) 802 N. Calvert St.

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 5:19 PM

21. DATE OF DEATH (month, day, year) 9-4-36 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-4, 1936

Where did injury occur? In front 500 Tudemere Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto turned over the

Nature of injury bump on head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert Gurley Auto Coroner, M. D.

(Address) 707 N. Charles

P 6-1936

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27064

27064 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 E. Monument St., 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmine Habicht

If U. S. Veteran specify WAR

(a) Residence: No. 2308 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolf Habicht

6. DATE OF BIRTH (month, day, year) Oct. 13-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	21 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hill 0003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Krenkler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Habicht
(Address) 2308 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem., Date Sept. 7/36

19. UNDERTAKER C. Moller & Son
(Address) 2334 Jefferson St.

20. 6-1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936, to Sept. 2, 1936

I last saw her alive on Sept 2, 1936 Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis —	Aug 27/36
Bronchio-Pneumonia	Aug 28/36
Other contributory causes of importance: Abscess of Parotid Gland	Sept 1/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy. exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis F. Krumrein M. D.
(Address) 722 N. Kenwood Ave.

F state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27065

27065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 N. Bentalou St. St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Rose Andriesse

If U. S. Veteran specify WAR .....

(a) Residence: No. 1727 N. Bentalou St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Andriesse

6. DATE OF BIRTH (month, day, year) June 20, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Samuel Cohen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Greenberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. I. Peyser (Daughter)
(Address) 1727 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Cem. Sept. 6 1936

19. UNDERTAKER David Gendelson & Son
(Address) 1902 Eutaw Place

20. FILED Huntington, Indiana, ND

P 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24th 1936, to Sept. 4th 1936
I last saw h.. alive on Sept. 4th 1936 Death is said to have occurred on the date stated above, at 1. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1932
Arterio Sclerosis	1932
Chr. myocardial insufficiency	1936
Chr. Nephritis	1936
Other contributory causes of importance:	
Hemoplegia	1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) I. G. Michelson M. D.

(Address) 2230 Eutaw Place.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27066

F 27066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N Decker ave 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Wentzel Hastner

If U. S. Veteran specify WAR

(a) Residence: No. 510 N. Decker ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) July 26 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Hastner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie M. Stoeblein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Hastner

(Address) 510 N Decker ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 8, 1936

19. UNDERTAKER Martin W. E. Dippel

(Address) 37 S. Ann St

P 6-1936 Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to Sept 4, 1936

I last saw him alive on Sept 4, 1936 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	Dec 1935

Other contributory causes of importance:

Cerebral embolism	Aug 18.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Lekovsky M. D.

(Address) 5939 McClintock St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27067

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27067

93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Elizabeth Roche

(a) Residence: No. 31 South Ann Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 11 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James Roche

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Byrnes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary M. Martin

(Address) 130 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 7 1936

19. UNDERTAKER Martin Jr & Duffel

(Address) 37 S. Ann St.

20. FILED Sept 8 1936 Registrar

P 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1936, to September 7, 1936.

I last saw her alive on September 4, 1936. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	Unknown

Other contributory causes of importance:

Arteriosclerosis	Unknown
Senile Psychosis	Unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Webb M. D.

(Address) 1213 Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27068

F 27068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 26-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 E. Pratt St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME WILLIAM H. TARR

(a) Residence: No. 3201 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes M. Tarr

6. DATE OF BIRTH (month, day, year) Sept. 13. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-20

10. Date deceased last worked at this occupation (month and year) August 1933

11. Total time (years) spent in this occupation 45yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Tarr

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary S. Furlong (Daughter)
(Address) 3201 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Sept. 7. 1936
Place 19

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry F. Sander
(Address) Baltimore & Broadway.

20. FILED SEP 6 - 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3. 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from March 27th 1936. to Sept. 3rd 1936. 19

I last saw him alive on Sept 3rd 1936. Death is said to have occurred on the date stated above, at 11.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Cerebral Arteriosclerosis	Mch. 1936
Hypostatic Congestion	
Other contributory causes of importance:	
Senesal	Sept 2 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert J. Fike M. D.

(Address) 3126 Harford Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27069

CERTIFICATE OF DEATH

X124-B

12-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. Ward)
Baltimore, Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~lifetime~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Walter Koch

War Service: World War.

(a) Residence: No. Maryland Ave. - Essex, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Winters Koch

6. DATE OF BIRTH (month, day, year) March 24, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Customs Guard (CSC)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Customs House

10. Date deceased last worked at this occupation (month and year): June, 1936.

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: Ferdinand Koch

14. BIRTHPLACE (city or town) (State or country): ? Germany

MOTHER

15. MAIDEN NAME: Mary Kopia

16. BIRTHPLACE (city or town) (State or country): Warsaw Poland

17. INFORMANT (Address): Records - U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 8, 36

19. UNDERTAKER (Address): John J. Connelly Essex Md

FILED P 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1936, to September 4, 1936. I last saw him alive on September 4, 1936. Death is said to have occurred on the date stated above, at 12:35 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic cirrhosis of liver.	1½ yrs.
	own
Other contributory causes of importance:	
Gastrointestinal hemorrhage	1 day
Anemia, hemorrhagic.	2 wks.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. M. W. Anderson, M. D.

(Address) U.S. Marine Hospital - Baltimore, Maryland

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27070

F 27070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 S. Paca St. St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte M. Schlosser

If U. S. Veteran specify WAR

(a) Residence: No. 1106 S. Paca St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Christian Schlosser

6. DATE OF BIRTH (month, day, year) Sept. 21, 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. Holtgreve

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charles F. Starke (Daughter)

(Address) 1106 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept. 7, 1936

19. UNDERTAKER Harry F. Weitzel

(Address) 4101 Edmondson Ave.

(Signature)

P 6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1934 to Sept. 4, 1936

I last saw her alive on Sept. 3, 1936 Death is said to have occurred on the date stated above, at 5⁰⁰ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-renal Disease	about 1930
Other contributory causes of importance: Hemiplegia right (apoplexy)	Aug 29 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. P. Bripeau M. D.

(Address) 1326 W. Lanvale St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27071 Russian F 27071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Park Heights Ave St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hannah Lifsh Russin

If U. S. Veteran specify WAR .....

(a) Residence: No. 4304 Park Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Isaac

6. DATE OF BIRTH (month, day, year)

7. AGE: 72 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~School Boy~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0057

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Goldie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Philip Klass 4304 Park Heights (Address)

18. BURIAL, CREMATION, OR REMOVAL: Sol. Carnel Date 9/6/36

19. UNDERTAKER: Jack Levin Inc (Address) 1439 E. Baltimore St.

20. FILED ... 19 ... Registrar.

SEP 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to Sept. 5, 1936. I last saw her alive on Sept. 4, 1936. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach.	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Nathan H. Spivak, M. D.

(Address) 2351 Eutaw Place.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 27072

F 27072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. C. H. I. St. 451 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Mrs. Sally Wolfram

(a) Residence: No. New Howard Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wolfram

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Sternberger
(Address) Rochester St. Apts.

18. BURIAL, CREMATION, OR REMOVAL
Harlington, S.C. Date Sept. 7, 1936

19. UNDERTAKER David Goldheim & Son
(Address) 1702 Eutaw Pl.

20. FILED SEP 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1936 to Sept 6, 1936

I last saw him alive on Sept 5, 1936 Death is said to have occurred on the date stated above, at 12:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Aug 29.
Cardiac Myelitis	Sept. 6.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton Shear M. D.

(Address) Medical Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27073

M. D. B. 1268-9

F 27073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Duncan St. St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert E. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1743 Duncan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 8, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles T. Smith

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Margaret McDonald

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles J. Smith

(Address) 1743 Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place North Carolina Date Sept. 8 '36

19. UNDERTAKER F. D. Hebert & Son

(Address) 1301 Eutaw Place

FILED SEP 7 1936 Lington Fitzhugh

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Sept. 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis - Colitis	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1918 E. North Ave.

Please information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27074

F 27074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH Md. General Hospital 13 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachel Weems If U. S. Veteran specify WAR .....

(a) Residence: No. Mountain Lake Park, Md. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 18-1862.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 74	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Carl. Md.

FATHER

13. NAME George Weems

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rachel Weems

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. J. Barger (Address) 215 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place A. A. Co. Md. Date Sept 8 1936

19. UNDERTAKER Stewart & Mowen Company (Address) 128 W. North Ave.

20. FILED SEP 7 - 1936 Huntington Hallowell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above, 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Coronary Thrombosis	

Other contributory causes of importance: Nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Kann M. D. Coroner

(Address) 12 E. Hamilton

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F.D. 27075

F 27075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 12-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 50 yrs. 8 mos. 4 ds.

2. FULL NAME Alexander McGill

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3209 N. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lois N. McGill

6. DATE OF BIRTH (month, day, year) Dec. 22, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Associal of the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jackus Motor Co.

10. Date deceased last worked at this occupation (month and year) April-1925

11. Total time (years) spent in this occupation 19yr.

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME James McGill

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Black

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Lois N. McGill

(Address) 3209 N. Charles St.

18. BURIAL, CREMATION OR REMOVAL

Place Detroit-Mich Date Sept 8 '36 19

19. UNDERTAKER Stewart Mortuary Co.

(Address) Les Manlade

20. FILED Washington Williams Registrar

SEP 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. R. Walton M. D.

Coroner

(Address) 257 N. Unit

F. D. 27076

V F 27076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. 10-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. Biddle St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter F. Humphreys

(a) Residence: No. 1232 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M Humphreys

6. DATE OF BIRTH (month, day, year) Dec 26 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Saddonia Tenn

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Elizabeth Humphreys (Address) 1232 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date Sept. 8, 1936

19. UNDERTAKER Henry Theobald Sons, Inc. (Address) 1301 E. Eager St.

20. FILED SEP 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained, by said inquest find that said deceased came to h death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
due to	
Strangulation by gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 1, 1936

Where did injury occur? 12 E. Biddle St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury inhaled gas while turned on gas jets

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 101 S. Howard St.

vse state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

F 27077

F 27077 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E. Highfield Rd. St., Ward) 7-11

Registered No. 92-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Healy

(a) Residence: No. 209 E. Highfield Rd. St., Visit Washington Indiana Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Healy

6. DATE OF BIRTH (month, day, year) Oct 25-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) New York City

FATHER

13. NAME Dennis McGrady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Shanahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jas. J. Healy
(Address) 2096 Highfield

18. BURIAL, CREMATION OR REMOVAL
Place Washington Ind. Date Sept 7, 1936

19. UNDERTAKER Geo. T. Dove & Son
(Address) 118 N. Mitchell St.

20. FILED SEP 7-1936 By Lucy Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 6-, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1936 to SEPT. 6-, 1936.

I last saw her alive on SEPT. 6, 1936, and death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	15 yrs.
Mitral Regurgitation (Failing Compensation)	Over 20 yrs.
Other contributory causes of importance:	Broke
Bronchio Pneumonia	2 days.

Name of operation NONE. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? No Accident. Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify NONE.

(Signed) Dr. Merritt Dorsett M.D.
(Address) 705 Liberty Heights Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27078 F 27078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Vincent St.) (19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Meredith

(a) Residence: No. 508 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ~~Dec~~ July 4- 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Elic Meredith

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Minnie Adams.

16. BIRTHPLACE (city or town) (State or country) Jacksonville Florida

17. INFORMANT Minnie Meredith
(Address) 508 N Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 8th 1936

19. UNDERTAKER Wm. H. Wilson
(Address) 1000 Pennsylvania Ave.

20. FILED SEP 7 - 1936 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4- 1936

22. I HEREBY CERTIFY, That I attended deceased from August 10- 1936 to September 4- 1936

I last saw her alive on September 2- 1936 Death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary - Intestinal and Laryngeal Tuberculosis	Unknown

Other contributory causes of importance:

none.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Riland., M. D.

(Address) 2532 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 27079

F 27079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Green

If U. S. Veteran specify WAR

(a) Residence: No. 730 W Henrietta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Morning Robb.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Robb

17. INFORMANT Pompey Ellis

(Address) 921 S. Stanp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/7/36, 19

19. UNDERTAKER Joseph F. Brown & Son

(Address) 108 W. Montgomery St

20. FILED , 19 Registrar

SEP 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1936, to 9-3, 1936

I last saw her alive on 9-3, 1936. Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	8-25-36
Other contributory causes of importance:	
generalized arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Jackson, M. D.

(Address) 600 N. Arlington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27080 ✓ F 27080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-N

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N. Carey St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Gordon

If U. S. Veteran specify WAR

(a) Residence: No. 1322 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow.

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of Albert Gordon

6. DATE OF BIRTH (month, day, year) May 20, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1069

10. Date deceased last worked at this occupation (month and year) 20 Yrs. ago

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Boston

14. BIRTHPLACE (city or town) (State or country) U. S. Co. Md.

MOTHER

15. MAIDEN NAME Helen Hendley

16. BIRTHPLACE (city or town) (State or country) Minnesota Penn.

17. INFORMANT Vera Jones

(Address) 1322 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 7, 1936

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St.

20. FILED Sept 8 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1936, to Sept. 3, 1936

I last saw h. alive on Sept 3, 1936 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/29/36
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. M. Pifer M. D.

(Address) 1536 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

Form 1936

27081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27081

CERTIFICATE OF DEATH

1 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 E. Monument St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina M. Mach

(a) Residence: No. 2014 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. Mach

6. DATE OF BIRTH (month, day, year) July 4, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Mach

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Christina Krig

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Caroline E. Sullivan
(Address) 2016 E. Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 8, 36

19. UNDERTAKER Frank Leach & Son
(Address) 1401 Eastland Ave

20. FILED 19

SEP 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-7-36 19 . to 9-5-36 19

I last saw her alive on 9-5, 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramural carcinoma uterus 131.0	1 yr
Other contributory causes of importance:	
Chronic myocarditis 93.0	1 mos

Was an operation performed? No Date of

For what disease or injury? None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15521

Registered No. 349-30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Branford

(a) Residence: No. 931 N. Stricker St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Jackson

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Julia Watkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Baltimore City Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 9-5 19 36

19. UNDERTAKER Wm. A. Jackson
(Address) per [illegible]

20. FILED SEP 7-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 9/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1936 to 9-4, 1936

I last saw her alive on 9-4, 1936. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-4-36
Cerebral Hemorrhage (Old)	1927
Cystitis Acute - Tuberculous	8-1-36
Tuberculosis of Kidney	Unk

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hw L. Kanney M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27083

F 27083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 N. Parrish St. 16-2 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Curry

(a) Residence: No. 1222 N. Parrish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Curry

6. DATE OF BIRTH (month, day, year) Unknown 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

FATHER

13. NAME Geo. Washington

14. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

MOTHER

15. MAIDEN NAME Mary Curtis

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

17. INFORMANT Mattie Trower
(Address) 2416 Madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lucas Cem Date 8/10 36 19...

19. UNDERTAKER Wm A Jackson
(Address) 416 E Fremont

20. FILED ..... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1936 to Sept. 3 1936
I last saw h.. alive on Sept. 3 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	July 1936

Other contributory causes of importance: — —

— —

— —

Name of operation — — Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Quinn, M. D.

(Address) 1507 W. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27084 ✓ F 27084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 2-6 St., ... Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Elsie Rawlings

(a) Residence: No. 2741 Maryland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 24, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. E. Roberts

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1008

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm Edw. Rawlings

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Sue Harland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Sue Hemphill

(Address) 43A Parker Rd Watertown Mass

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Sept 9 1936

19. UNDERTAKER Wm J. Rockwell Sons

(Address) North & Paca

SEP 7 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1936, to 9-5, 1936

I last saw h.e alive on 9-5 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Transverse Colon	
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Secondary shock	

Was an operation performed? Yes Date of 9/2/36

For what disease or injury? Ca of Colon

Name of operation Enterostomy Date of 9/2/36

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B. March, M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

27085

✓ F 27085

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-6

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....

CITY OF BALTIMORE: (No. Lakeland & Lyndhurst St. 154 Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Lewis (Anne Virginia Lewis)

(a) Residence: No. 2924 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 26, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME George R. Lewis

14. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

MOTHER

15. MAIDEN NAME Anne C. Lutz

16. BIRTHPLACE (city or town) Frederick
(State or country) Md.

17. INFORMANT J. Frank Lewis
(Address) 2924 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Co. Date Sept 7, 1936

19. UNDERTAKER Wm. D. Tucker & Sons
(Address) North Eutaw Ave.

20. FILED SEP 7 1936 A. Lington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to Sept 4, 1936.

I last saw him alive on Sept 4, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchial Pneumonia	5 days ago
Other contributory causes of importance: Double Pleurisy with effusion	6 wks ago

Name of operation Thoracentesis Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph H. Zeasler, M. D.

(Address) Medical Arts Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27086

F 27086 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-2 122-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. R 607 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Henderson
If U. S. Veteran specify WAR

(a) Residence: No. 1413 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion

6. DATE OF BIRTH (month, day, year) Oct 10. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London England

FATHER
13. NAME Isaac Henderson
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Bessie Lesser
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Isaac Henderson
(Address) 1413 E Balto st

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date Sept 8. 1936

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

20. FILED 19 Registrar

P 7-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1936 to 9/6, 1936
I last saw h i m alive on 9/6 1936 Death is said to have occurred on the date stated above, at 9 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Pulmonary Edema	

Other contributory causes of importance:
Kidney Hemorrhage

Was an operation performed? Yes Date 8/25/36
For what disease or injury? Intestinal Obstruction
Name of operation Exploratory Inc Date of 8/25/36
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) J. H. Mecoy M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F.D. 27087 ✓ F 27087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John M. Brown

(a) Residence: No. 120 N. Patterson Pk. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Bessie Brown

6. DATE OF BIRTH (month, day, year) Dec. 29 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0005

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morton Brown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Brown
(Address) 120 N. Patterson Pk. ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date Sept 7, 1936

19. UNDERTAKER Sol Levinson & Bros
(Address) 1122 E. Baltimore St

20. FILED SEP 7 - 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of No

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F.M. 27088

✓ F 27088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 N Bentalou St. W-7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Wall.

(a) Residence: No. 30 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lillian McDowell

6. DATE OF BIRTH (month, day, year) July 24-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Rice W. Wall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Daugherfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr F Wall Jr
(Address) 30 N Bentalou

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 9/8/36 19

19. UNDERTAKER J. D. Schaup & Sons
(Address) 1318 Light St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15. 1936 to Dec 6. 1936

I last saw h alive on Sept 5 1936 Death is said to have occurred on the date stated above, at 5½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	9/6
Other contributory causes of importance: Angina Pectoris Hypertension	7/15/36 1-1

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) James H Rabenberg M. D.
(Address) 721 Hamilton Apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

SEP 7 - 1936

M. D. B. 1268-9

F 27089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. F 27089

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 N. Fulton av St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Charles Rider

(a) Residence: No. 1519 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Mitzell Rider

6. DATE OF BIRTH (month, day, year) June 29 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light Reliable

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

FATHER

13. NAME Geo. Rider

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Rider

16. BIRTHPLACE (city or town) (State or country) Little Town Pa

17. INFORMANT Mildred Rider

(Address) 1519 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept. 8. 1936

19. UNDERTAKER Harry W. Eckard

(Address) 1944 W. Baltimore St

20. FILED SEP 7 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Sept 6/36, 19

I last saw him alive on Sept 6/36. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden
Arteriosclerosis	Gradual

Other contributory causes of importance: Under Treatment 7 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Henry C. Stuart M. D.

(Address) 1519 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F.M. 27090

F 27090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 26-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph S. Hardesty Jr.

(a) Residence: No. 1807 Edison Highway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 29th. 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Burner

10. Date deceased last worked at this occupation (month and year) Sept 4th. 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph S. Hardesty

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER

15. MAIDEN NAME Mary A. Reinholdt

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Joseph S. Hardesty Sr.
(Address) 1807 Edison Driveway

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept. 9th. 36

19. UNDERTAKER Chas Frasch & Son
(Address) 7401 Belair Road

20. FILED Sept 10 1936 Clayton Williams

EP 7 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6-36 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fracture skull	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-6 , 1936

Where did injury occur? On Edison Road near Pulaski Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Automobile Turnover

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Garley Auto M. D.
Coroner

(Address) 911 N. Charles

F 27091

F 27091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa Schamel

(a) Residence: No. 1712 N Bway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Carl Schamel

6. DATE OF BIRTH (month, day, year) Sept. 17th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0837

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md

FATHER

13. NAME Beverley L. Diggs

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. E Nicholson
(Address) Franklinville

18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon Md. Date Sept 9 1936

19. UNDERTAKER Fred. Lassahn & Son
(Address) 7401 Belair Rd.

20. FILED 19 Registrar.

SEP 7 - 1936 Huntingtown Md Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/24 1936 to 9/6 1936

I last saw her alive on 9/6 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	9/6/36
Pneumonia Bilateral	8/24/36
Arteriosclerosis	
Senility	

Other contributory causes of importance:

Was an operation performed? No Date of 9/1/36

For what disease or injury? Pneumonia

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar H. Davis M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 27092

F 27092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-9

1. PLACE OF DEATH: St Agnes Hospital 14-2 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles C Hall (Colored) U. S. Veteran ..... WAR

(a) Residence: No. 1602 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Cecile E Hall

6. DATE OF BIRTH (month, day, year) Oct 25 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. Porter Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Connecticut

FATHER

13. NAME Unknown

14. BIRTHPLACE (City or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (City or town) (State or country) Unknown

17. INFORMANT Estate C Hall
(Address) 1602 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C Date Sept 8 1936

19. UNDERTAKER Mrs. Geo. A. Holland
(Address) 1621 Druid Hill Ave

20. FILED 9-7-1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Leg	
Internal Injuries	
Shock	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-5 1936

Where did injury occur? (Specify city, town, county, and State) Near Home Near Jump - near Road

Specify whether injury occurred in industry, in home, or in public place Farm

Manner of injury Collision between truck & Automobile

Nature of injury Car Auto rocked down hill

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Herbert Gurley Mills M. D.
Coroner

(Address) 707 N Charles

F 27093

F 27093 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Forest Pk Ave St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Freedman

(a) Residence: No. 3708 Forest Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Carre

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Freedman

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Jewish Forest Date 9-7-36 19

19. UNDERTAKER Jack Levy & Bro.

(Address) 1439 E. Baltimore St.

FILED SEP 7 - 1936 City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936 to Sept 6, 1936

Last saw h.e alive on Sept 6, 1936 Death is said to have occurred on the date stated above, at 8:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	June 36
	over
Other contributory causes of importance: Generalized metastases	

Was an operation performed? Yes Date of June 15 36

For what disease or injury? Biopsy Lymphosarcoma

Name of operation Biopsy Date of June 36

What test confirmed diagnosis? Biopsy & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. S. Shulz M. D.

(Address) 2000 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1263-9

✓ F 27094

F 27094 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. St. 10-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? 78 yrs. mos. ds.

2. FULL NAME Mrs. Clara Bank

(a) Residence: No. 2110 Wilkins Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan Bank

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Madonick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rae

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Blvd. Date 9-7-36

19. UNDERTAKER Jos. Lewis Inc.

(Address) 1114 376 E. Baltimore

20. FILED 9-7-1936 Huntington Pollard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/1936. 19

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1936 to Sept. 7, 1936

I last saw h alive on Sept 7, 1936 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Diabetic gangrene (rt. leg)	
intermediate	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. S. Gerbel, M. D.

(Address) West Balto. General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-3

F. D. 27095

F 27095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 17-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daily W. Williams

If U. S. Veteran specify WAR

(a) Residence: No. 305 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hennie Williams

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hennie W. Williams

(Address) New York City

18. BURIAL, CREMATION, OR REMOVAL

Place W/ Calvary Date Sept 8 1936

19. UNDERTAKER Rayzer & Sanders

(Address) 1416 E. Preston St

20. FILED SEP 8 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The prinripal cause of death and related causes of importanre were as follows:

	Date of onset
Acute Gastritis	

Other contributory causes of importance:

Acute Alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homiride? Accident Date of injury Sept 2 1936

Where did injury occur? 305 E. North ave. Balto. Md. (Specify rity or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place Yard

Manner of injury Ate some rat poison

Nature of injury While drunk!

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenley M. D.

Coroner

(Address) 1919 E. North ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 8 - 1936

F 27096

F 27096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 St Matthew St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry

If U. S. Veteran specify WAR

(a) Residence: No. 1214 St Matthew St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Henry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Bryant

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mamie Johnson

(Address) 1214 St Matthew St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Sept 10 1936

19. UNDERTAKER Edw Bryan

(Address) 1647 Harlem Ave Huntington Station, N.Y.

20. FILED Sept 8 1936, 19

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Sept 5, 1936

I last saw h alive on Sept 4, 1936. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	3 Yrs
Other contributory causes of importance: Chron. Parenchymatous Nephritis	3 Yrs
Generalized Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) R. J. Young, M. D.

(Address) 1429 E Monument St

P 8-1936

F 27097 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27097

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH South Baltimore General Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St St., 7 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. Hamilton

(a) Residence: No. 1535 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mrs Fannie M Hamilton

6. DATE OF BIRTH (month, day, year) March 27 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor B & O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick md

FATHER

13. NAME George Hamilton

14. BIRTHPLACE (city or town) (State or country) Frederick md

MOTHER

15. MAIDEN NAME Margaret Keller

16. BIRTHPLACE (city or town) (State or country) Frederick md

17. INFORMANT Floyd M. Hamilton

(Address) 1212 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Frederick Md Sept 8. 1936

19. UNDERTAKER John F Dennis

(Address) 715 Light St

20. FILED SEP 8 - 1936 19 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30 . 1936 to Sept 5 . 1936

I last saw h~~im~~alive on Sept. 5 . 1936 Death is said to have occurred on the date stated above, at 10 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Gangreen of left Leg.	

Other contributory causes of importance:

Thrombosis of femoral artery, left	now

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Webb M. D.

(Address) 1213 Light St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

27098

HEALTH DEPARTMENT—CITY OF BALTIMORE

27098

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John C. Born

(a) Residence: No. 3204 Foster Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Oct. 19/1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlem Steel.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Born

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wachter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Born (Mother)

(Address) 3204 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart. Date Sept. 9 /36

19. UNDERTAKER Fillyt Zeiler Inc.

(Address) 402 E. Fayette St.

20. FILED Lexington Williams Jr.

SEP 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therefrom and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North Ave.

V S 6 OCCUPATION is very important. See instructions on back of certificate.

F 27099 F 27099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-3 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Fleet St St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 44 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ignastius Hejda

(a) Residence: No. 2510 Fleet Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Mary Hejda

6. DATE OF BIRTH (month, day, year) November, 1870 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~DC~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poznan, Poland

FATHER

13. NAME Frank Hejda

14. BIRTHPLACE (city or town) (State or country) Poznan, Poland

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Hejda
(Address) 2510 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Sept. 9th 1936

19. UNDERTAKER George A Weber
(Address) 705 South Ann Street

20. FILED ..... 19 ..... Registrar

P 8 - 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Sept. 4 1936

I last saw him alive on Sept 4 1936 Death is said to have occurred on the date stated above, at 10 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	9/1/36
Chronic Nephritis	1926?
arterial Hypertension	1926?
arteriosclerosis	1930?
Other contributory causes of importance:	
Hemiplegia	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) George Dipps M. D.

(Address) 432 S Patterson Park Ave

F 27100

F 27100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6314 Arundel Cove Ave St. 25-5 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olivia Regina Nelson

(a) Residence: No. 6314 Arundel Cove Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliof T. Nelson

6. DATE OF BIRTH (month, day, year) May 25 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June - 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Olsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Ruth Snyder

(Address) 1147 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 9th 1936

19. UNDERTAKER Wm Bosk

(Address) 1217 St Paul St

Filed ..... 19..... Registrar.

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Sept 6th, 1936.

I last saw her alive on Sept 6th, 1936. Death is said to have occurred on the date stated above, at 11:56 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular Renal Disease	
Cerebral Hemorrhage & Hemiplegia	Aug 26

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Paul Lubin M. D.

(Address) 320 Cathedral Ave

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 27101 F 27101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital Registered No. 50

CITY OF BALTIMORE: (No. ..... St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Belle N Needham If U. S. Veteran specify War No Record

(a) Residence: No. 1021 N. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Cesa Needham

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline Holingsham

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Cesa Needham
(Address) 423 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL Plan Greenmount Date 9/10 1936

19. UNDERTAKER Jno Cook Sons
(Address) 1211 E Lanvale St

Huntington Williams, M.D.
Registrar.

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1936 to Sept 7th 1936

I last saw her alive on Sept 7th 1936 Death is said to have occurred on the date stated above, at 11 25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	4-5 days
Chronic endomyocarditis	
(Last illness)	
Carcinoma left breast	

Other contributory causes of importance:

Chronic nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry J. Kaye, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 27102

27102 05
31 8205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St. 15-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Nutzhorn — 76 War Record

(a) Residence: No. 3004 Herbert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda

6. DATE OF BIRTH (month, day, year): 7-26-91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Bernard Nutzhorn
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Suer
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 9/9 19 36

19. UNDERTAKER: Wm Cole
(Address) 1314 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

SEP 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1936 to Sept 7, 1936
I last saw him alive on Sept 7, 1936 Death is said to have occurred on the date stated above, at 7.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	1910
Bronchopneumonia	Sept 1, 36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Palmer Howard Jr. M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 27103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27103

CERTIFICATE OF DEATH

56 10625

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Tisdale

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Paul Tisdale

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Viola Barr

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Salters S.C. Date Sept 8 1936

19. UNDERTAKER Robert Mitchiner
(Address)

Registrar

20. FILED 1936

SEP 8 - 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1936 to 9-6 1936

I last saw her alive on 9-6 1936 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pancarditis	2-6-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

F 27104

F 27104

M. O. D. 12883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓158

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lizzie Allen

(a) Residence: No. 206 N. Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 4 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albert Allen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Otelia Nelson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Otelia Allen

(Address) 206 N Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 7 19 36

19. UNDERTAKER Robert E. Williams

(Address) 1 [illegible] Washington Boulevard

20. FILED ..... 19 ..... Registrar.

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreyer M. D.

Coroner

(Address) 1919 E. North Ave

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27105 63-9

F 27105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balt House Infy Clinton St., Ward) 7-d
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Clarence Johnson

(a) Residence: No. 950 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 1 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Arthur Johnson

14. BIRTHPLACE (city or town) (State or country) Pittsylvania Co. Virginia

MOTHER

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Arthur Johnson
(Address) 950 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Sept 8 1936

19. UNDERTAKER Robert F. Wilkins
(Address) 1513 McCulloh St Baltimore, Md

Filed SEP 8 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
drowning,	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury Sept 4 1936

Where did injury occur? Balto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto Harbor

Manner of injury Probably accidental Drowning while swimming

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

F 27106

F 27106 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 15383

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathaniel Lee

(a) Residence: No. 1009 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-15-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Zealious Lee

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rose Corbin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 9 1936

19. UNDERTAKER Clarence Feldman & Son
(Address) 1017 Eutaw St.

Filed Sept 9 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936 to Sept 6, 1936
last saw h[illegible] alive on Sept 6, 1936 Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lem H. Feldman M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

✓ F 27107

F 27107 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Newman

(a) Residence: No. 2409 Linden Ave St., ... Ward. Balt. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Newman

6. DATE OF BIRTH (month, day, year) March 15, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	20 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 466

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Newman

14. BIRTHPLACE (city or town) State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Hauffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. H. Newman

(Address) 2409 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chet Shalom Cem. Date Sept. 9, 1936

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

Registrar.

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/36, 19

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to Sept. 7, 1936

I last saw him alive on 9/7/36, 19 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	4 mo.
Arteriosclerosis	2 yr.
Encephalomalacia	1 wk.
Uremia	10 days
Other contributory causes of importance: Myocardial insufficiency	2 mo.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Blood chem. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Steffey M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 27108 ✓ F 27108

F 27108 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Leroy Brady

(a) Residence: No. Glendennie Md St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Md
(State or country)

FATHER

13. NAME James Brady

14. BIRTHPLACE (city or town) ..... Md
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... Md
(State or country)

17. INFORMANT James Brady
(Address) Glendennie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Sally Md Date Sept 8 1936

19. UNDERTAKER Isaac C Bowman
(Address) Ellicott City Md

20. FILED Sept 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to Sept 6, 1936

I last saw him alive on Sept 6, 1936 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Tuberculous Meningitis	
2- Encephalitis Lethargica?	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Robinson M. D.

(Address) University Hospital

27109 ✓ F 27109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15-12 160-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME BABY GIRL SNYDER

(a) Residence: No. 2407 KEYWORTH AV. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	[illegible] hrs. [illegible] min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOSEPH WILLIAM SNYDER

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME LILLIAN MARGOLIS

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT MRS. LILLIAN SNYDER
(Address) 2407 Keyworth Ave.

18. BURIAL, CREMATION, OR REMOVAL Holly Date 9-8- 1936
North City Cemetery

19. UNDERTAKER Jack Lewis Inc
(Address) 1424 E. Baltimore St.

8-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936 to Sept 8 1936

I last saw h[illegible] alive on Sept 7 1936 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	Sept 7

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh B. O'Malley, M. D.

(Address) Laboratory Technician

27110 F 27110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Eutaw St. Ward) 6th

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5th yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mrs Gertrude Shaughnessy

If U. S. Veteran specify WAR None

(a) Residence: No. 2242 Prentiss St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Shaughnessy

6. DATE OF BIRTH (month, day, year) Sept 1/1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None prob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Curtain

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia — —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Gertrude Reinhardt

(Address) 2224 Eager Place

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 9/9/36 19

19. UNDERTAKER Philip Henrig Sons

(Address) 2016 Parkwood Ave

8-1936 Huntington Pittman, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to Sept 6, 1936

I last saw her alive on Sept 6, 1936 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INTESTINAL OBSTRUCTION	
CARCINOMA of SMALL or LARGE Intestine	?
& CARCINOMATOSIS	?
SCIRRHUS CARCINOMA of Left Breast	?

Other contributory causes of importance:

ARTERIOSCLEROSIS

DEHYDRATION

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. C. Myerovitz, M. D.

(Address) Sinai Hospital

F 27111

F 27111 (2) 53

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 16-5 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Sauer

(a) Residence: No. 312 N. Point Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-19-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Anita Sauer Crafton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fredk Sauer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 9/9/36 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

9-8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936 to Sept 7 1936

I last saw her alive on Sept 7 1936 Death is said to have occurred on the date stated above, at 6¹⁰ A m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis of unknown etiology

Date of onset

8-6-36

Other contributory causes of importance:

Cardiac failure

Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. C. Hobbs Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS very important. See instructions on back of certificate.

F 27112 ✓ F 27112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 904 Argyle ave St., 47-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Jennings
(a) Residence: No. 904 Argyle ave St., Ward. Greensboro N.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro N.C.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER
15. MAIDEN NAME Fannie unknown
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Essie May Terrell
(Address) 908 Argyle ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greensboro N.C. Date 9/8/36 19

19. UNDERTAKER H. T. Jackson & Sons
(Address) 916 E. Lexington St.

20. FILED SEP 8 - 1936 19 Baltimore MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. $45 per

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in Chest.	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 9/6, 1936
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury Shot self with pistol.
Nature of injury Bullet in heart

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hann, M. D. Coroner
(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

27113

✓ F 27113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph M. Brooks

(a) Residence: No. Harristown, Catonsville Sy, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truckdriver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year) June-1936

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo M. Brooks.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Beatrice Gorr.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Beatrice Brooks (Address) Harristown Md.

18. BURIAL, CREMATION, OR REMOVAL Place Harristown Md. Date Feb 10, 1936

19. UNDERTAKER Adolph Hartung (Address) 9 E. Lund Hillsdale

20. FILED ... Registrar

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 8.31 . 1936 to 9.6 . 1936

I last saw him alive on 9.6.36 . 19 ... Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	8-23-36
Hypertensive cardio-renal disease	April 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Jackson M. D.

(Address) 600 N. Arlington

✓ F 27114

27114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Myrtle Ave St. Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Whittington

(a) Residence: No. 1324 Myrtle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Whittington

6. DATE OF BIRTH (month, day, year) March 19, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME James Beans

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Irene Duvall

(Address) 1324 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 9 1936

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

19a. FILED 8-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from F—31 1936, to 9—6 1936

I last saw her alive on 9—6 1936 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 8-31-36

Other contributory causes of importance:

Hypertension and arteriosclerosis — Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank A. Landers M. D.

(Address) 1029 N. Fulton Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

V53

M. D. B 1268-9

F 27115

27115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lola V. Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 670 W. Baltimore St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthor M. Thompson

6. DATE OF BIRTH (month, day, year): Aug. 1, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W. 0057

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Samual Easton

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Frances Thomson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: A. R. Thompson

(Address): Gathersburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Gaithersburg Md. Date: Sept 10, 1936

19. UNDERTAKER: Roy W Barber

(Address): Gaithersburg Md

20. FILED ....., 19.. Registrar.

Examined [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year): Sept. 8, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Thompson M. D.

(Address) 3737 N. Charles Coroner

OCCUPATION is very important. See instructions on back of certificate.

8-1936

✓ F 27116

27116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp. St. H-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Sell

(a) Residence: No. 208 W Franklin St., St., ... Ward. Hanover Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0062

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Sell

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Eliz Esson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT (Address) Miss Mattie Sell

18. BURIAL, CREMATION, OR REMOVAL
Place Raider's Cem. Date Sept 19. 1936

19. UNDERTAKER C. L. Grossnickle
(Address) Boonsboro, Md.

20. FILED 8-1936 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/36

22. I HEREBY CERTIFY, That I attended deceased from 8/20/36, 19..., to 9/8/36, 19...
I last saw ~~him~~ alive on 9/8/36, 19... Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of prostate with urinary retention	

Other contributory causes of importance:

Renal failure with uremia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Ewald M. D.

(Address) Maryland Gen'l Hosp.

✓ F 27117

27117 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

117-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 Leadenhall St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Little

If U. S. Veteran specify WAR .....

(a) Residence: No. 843 Leadenhall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Little

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll, Co. Md

FATHER

13. NAME Henry Jackson

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Harriet Spriggs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Little

(Address) 843 Leadenhall

18. BURIAL, CREMATION, OR REMOVAL

Place Johnsville Cem. Date Sept 10 1936

19. UNDERTAKER Edersburg, Md

(Address) James A. Stayer 142 Wadsworth St

8-1936 [redacted] ICPD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 28 1936 to Sept 7 1936

I last saw him alive on Sept 6 1936 Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset March 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Foster, M. D.

(Address) 1525 E. Eager

F 27118

F 27118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 W. Fayette St. 70-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adeline Susan Bricker

If U. S. Vet. specify WAR

(a) Residence: No. 2214 W. Fayette St., Ward. Carlisle Penna.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of George Isley Bricker

6. DATE OF BIRTH (month, day, year) Aug 31st 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carlisle Pa

FATHER

13. NAME Jacob Tuttle

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Clara Z.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Charles F. Bricker

(Address) 2214 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Carlisle Pa Date Sept 9th 1936

19. UNDERTAKER Wm Cook

(Address) 717 St. Paul St

FILED Sept 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936 to Sept 8 1936

I last saw h[illegible] alive on Sept 7 1936. Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Chronic myocarditis & hypertension.	Syp.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Cole M.D. M. D.

(Address) 4 N. Duke St.

M. D. B. 1268-9

27119

F 27119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 E. 30th St. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delia Langan

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1811 E. 30th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 1 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✕

11. Total time (years) spent in this occupation ✕

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Langan

14. BIRTHPLACH (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Larain

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Cecelia Gallagher

(Address) 1811 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 10th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Sept 9 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner . M. D.

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

V 956

F 27120 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27120

CERTIFICATE OF DEATH

107-a

Registered No. 16817

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 9-9 Ward)

life

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Eversman

(a) Residence: No. 1016 E. Preston St. St., ... Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Eversman

6. DATE OF BIRTH (month, day, year) 1/24/1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (City or town) Balto. Md. (State or country)

FATHER

13. NAME Louis Eversman

14. BIRTHPLACE (City or town) Balto Md. (State or country)

MOTHER

15. MAIDEN NAME Minnie Lehr

16. BIRTHPLACE (City or town) Phila. Pa. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 10th 1936

19. UNDERTAKER Wm Cook & Son (Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

P 9 - 1936 Huntington Williamsport, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1936 to 9-8, 1936

I last saw h. LM alive on 9-8, 1936. Death is said to have occurred on the date stated above, at 1 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-6-36
Senile Parkinsonism	1932
Other contributory causes of importance:	
Cerebral Arteriosclerosis	Unk

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

F 27121

F 27121 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 Cliftview Ave St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John J. Schreiber

(a) Residence: No. 1644 Cliftview Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. ~~Married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or Wife of)~~ Helena W. Schreiber

6. DATE OF BIRTH (month, day, year) Dec 10th 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Maker

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin Schreiber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Tonsphire ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Schreiber
(Address) 1644 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 10th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept 7 1936

I last saw h~~im~~ alive on Sept 6 1936 Death is said to have occurred on the date stated above, at 4.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jacob Frohn M. D.

(Address) 1822 N Wash St

OCCUPATION IS VERY Important. See instructions on back of certificate.

F 27122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27122

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital 6-4 St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Dora Engle

(a) Residence: No. 1818 E Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Chet Sholom
Date Sept 9 1936

19. UNDERTAKER Sol Levinson & Bro
(Address) 1121 E Balto St

SEP 9 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1936, to Sept 8, 1936
I last saw her alive on September 7, 1936. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Diabetes mellitus	61	
Arteriosclerosis	97	
Chronic myocarditis	93d	
Cardiac insufficiency	95c3	
Other contributory causes of importance:		
Cardiac hypertrophy & dilatation	95c2	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Paul A. Titus M. D.
(Address) Sinai Hospital

F 27123

F 27123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35

Registered No. 16785

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Brown

(a) Residence: No. 1002 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 12/25/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Brown

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Eliz. ?

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cem. Sept 11 36
(Date) 19

19. UNDERTAKER Barnard & Nelson
(Address) 818 E. Lanvale Ave.

FILED 19 Registrar.

SEP 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-31 1936 to 9-7 1936

I last saw him alive on 9-7 1936 Death is said to have occurred on the date stated above, at 6 a.m. P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-4-36
Pyelitis	Unk
Ureteral Stricture	Unk
	over

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H Rainey M. D.

(Address) Baltimore City Hospital

F 27124

F 27124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N Fayette St., 6-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Elizabeth Wilkinson

(a) Residence: No. 138 N Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Samuel Wilkinson

6. DATE OF BIRTH (month, day, year): July 12, [illegible]

7. AGE: Years: 78; Months: 1; Days: 26; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: William Roache

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Catherine Roache

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Sarah Wilkinson

(Address) 138 N. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: Oct. 12, 1936

19. UNDERTAKER: [illegible]

(Address) Huntington Williams, N.D.

20. FILED: Sep 9 - 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936 to Sept 7, 1936

last saw h[illegible] alive on Sept 5, 1936. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Arteriosclerosis	Aug 6 1936
Cor Pulmonale	
Other contributory causes of importance:	
Myocarditis Chronic	
Pulmonary Edema	

Name of operation: None Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. ~~Was disease~~ or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1156 N. Milton Ave.

F 27125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. 16-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1145 Stockton St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Williams

(a) Residence: No. 1145 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Josephine Williams

6. DATE OF BIRTH (month, day, year) Sept. 16-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year): May 9-1936

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Thos. Williams

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Ruth Fleming

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Josephine Williams 1145 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Arlington Mem. Date: Sept 9 1936

19. UNDERTAKER (Address): Mrs Robert A Elliott daughter 1129 Caroline St. Huntington Williams, M.D.

FILED 19 Registrar

9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to Sept. 6, 1936

I last saw him alive on Sept. 6, 1936 Death is said to have occurred on the date stated above, at 315 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/6-1936
Chr. Myocarditis	1934
Other contributory causes of importance: Chr. Interstitial Nephritis	1934

Was an operation performed? no Date of

For what disease or injury?

Name of operation Surgical Exploration Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 N. North Ave.

M. D. B. 12689

F 27126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27126

176

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Matilda Dawson

(a) Residence: No. 1523 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. W. Dawson

6. DATE OF BIRTH (month, day, year) July 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0037

10. Date deceased last worked at this occupation .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August W. Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Andrea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Fischer

(Address) 1202 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 9/10/36 19

19. UNDERTAKER Harry F. Luther

(Address) 1110 Pennsylvania Ave.

20. FILED SEP 9 1936 19 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1936 to Sept 7, 1936

I last saw her alive on 9-7-, 1936 Death is said to have occurred on the date stated above, at 10 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis and Cholelithiasis	

Other contributory causes of importance:

Acute peritonitis.

Name of operation Cholecystectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Hollenter M. D.

(Address) Franklin Sq. Hospital

M. D. B. 1268-9

F 27127 ✓ F 27127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Edmondson Ave. St. 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Furst,

(a) Residence: No. 3404 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa M. Furst,

6. DATE OF BIRTH (month, day, year) May 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year) September 1934

11. Total time (years) spent in this occupation 8 Yrs

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Herman Furst,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Bergman,

16. BIRTHPLACE (city or town) (State or country) Germaby

17. INFORMANT Mrs Louisa M. Furst
(Address) 3404 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date SEP 11 1936

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave.

20. FILED ..... [illegible] Huntington Pittsburgh

9-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8 36

22. I HEREBY CERTIFY, That I attended deceased from September 13 34 to Sept 8 36

I last saw him alive on Sept 7 1936 Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colloid Coelom	1934
General Carcinomatosis	1935

Other contributory causes of importance:

Name of operation Laparotomy Date of 9/13/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Edmondson Ave

M. D. B 1268-9

Ramsburg. ✓ F 27128

27128 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Fulton Ave 6th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Ramsburg

(a) Residence: No. 918 N. Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht.	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ella Conrad Ramsburg

6. DATE OF BIRTH (month, day, year) May 12th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4052

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Fredk. Md.

FATHER

13. NAME John Henry Ramsburg

14. BIRTHPLACE (city or town) (State or country) Middletown Md.

MOTHER

15. MAIDEN NAME Alice M. Nadolo

16. BIRTHPLACE (city or town) (State or country) Fredk. Md.

17. INFORMANT Mrs Ella E. Ramsburg

(Address) 918 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Frederick Md

Place Mt Olivet Frederick Date Sept 9. 1936

19. UNDERTAKER Albert R Scregay

(Address) 940 E North Ave

[illegible] FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14 1936 to Sept. 6 1936

I last saw him alive on Sept 6 1936 Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Chronic	
High blood pressure	

Other contributory causes of importance:

Apoplexy	1 hour
Failing heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward L [illegible] M. D.

(Address) 1665 N. North Ave.

Sep 9 - 1936

F 27129 ✓ F 27129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 15978

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-6 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella S. McCaleb

(a) Residence: No. 513 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick

6. DATE OF BIRTH (month, day, year) 11/27/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Patrick Wynn

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Amanda A. Wiles

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date Sept 9 19 36

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

Huntington Williams, M.D.
Registrar.

20. FILED 9-1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-6 1934 to 9-7 1936

I last saw her alive on 9-7 1936. Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-4-36
Senility	1mk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospitals

F 27130

F 27130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Darkoff

(a) Residence: No. 3033 W. Garrison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0034

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9-10-36 19

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E Pratt St

[illegible] 19 [illegible] Register

9-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1936, to Sept 9, 1936

I last saw him alive on Sept 9, 1936 Death is said to have occurred on the date stated above, at 3:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	9/6/36
Myocardial insufficiency	9/7/36
Pulmonary infarction	9/9/36

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. S. Schwartz M. D.

(Address) Sinai Hospital

F 27131 ✓ F 27131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Catan aves St., 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

If U. S. Veteran specify WAR None.

2. FULL NAME Mung Lee

(a) Residence: No. 156 Druid St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mongolian	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Helen Lee

6. DATE OF BIRTH (month, day, year) abt 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry (self)

10. Date deceased last worked at this occupation (month and year) abt 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Mon Dih

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Eng Woon

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Mr. Lee Quy (Brother)

(Address) 50-N-Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem Date Sept 10/36

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-10-North Ave.

20. FILED SEP 9 - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Sept 7, 1936

I last saw ~~him~~ alive on Sept 7, 1936 Death is said to have occurred on the date stated above, at 6 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	
~~Cerebral Coma~~ Collapse	
Cardiac failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Paracentesis Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Williamson, M. D.

(Address) St. Agnes Hospital

F 27132

F 27132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH Community Hospital

CITY OF BALTIMORE: (No. Prison St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth 57 yrs. 0 mos. 0 ds.

2. FULL NAME Bessie Davis

(a) Residence: No. Lutherville St., Ward. West-Lutherville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Davis

6. DATE OF BIRTH (month, day, year) May-20-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	18/19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfr. pd 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfring

10. Date deceased last worked at this occupation (month and year) Aug 29/36

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Derby England

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Alfred W. Davis (son)

(Address) Lutherville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill-Towson Date Sept 10/36

19. UNDERTAKER Stewart & Mowen Company

(Address) 128-30 North Ave.

20. FILED 19 Registrar.

9-1936 Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1/36, 1936 to 9/8/36, 1936

I last saw h.. alive on 9/1/, 1936 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertrophy of Heart	about

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Hughes, M. D.

(Address) University Hospital

F 27133

M. D. H. 1268-9

27133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405½ Fairmount St. 5-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Clarence Mills

If U. S. Veteran specify WAR

(a) Residence: No. 1405½ Fairmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5yrs

12. BIRTHPLACE (city or town) (State or country) Easton Shore Md

FATHER

13. NAME Handy Mills

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Esta Wise

16. BIRTHPLACE (city or town) (State or country) Easton Shore Md

17. INFORMANT (Address) Joseph Andelotti 514 Lawrence

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 9 1936

19. UNDERTAKER (Address) Charles H Burkett 5-28 Lawrence st

FILED 9-10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D. Coroner

(Address) 50 Augusta st.

F 27134

27134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Macedonia O.S.F. (Schwinger) If U. S. Veteran specify WAR

(a) Residence: No. St. Joseph's Hospital St., Ward, Phila. Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
In her 64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nun 60 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME Wm. John Schwinger

14. BIRTHPLACE (city or town) (State or country) Phila. Pa

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of St Joseph's Hospital

(Address) Lombard & Eden Sts

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date Sept. 10 1936

19. UNDERTAKER Henry Koch Funeral Home

(Address) 1301 E. Eager St.

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1935 to Sept 8 1936

I last saw her alive on Sept. 8 1936 Death is said to have occurred on the date stated above, at 12 01 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	2 yrs
Metastasis to Lung	1 yr?

Other contributory causes of importance:

Terminal Pneumonia	3 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fraser R Stephens M.D.

(Address) St Joseph's Hospital

27135 F 27135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1626 Millinan St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME Thomas Adams

(a) Residence: No. 1626 Millinan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Adams

6. DATE OF BIRTH (month, day, year) aug 15th 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ipsborn N.C

FATHER

13. NAME Forham Adams

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Laura Forfield

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT (Address) Martha Adams 1626 Millinan St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem. Date 9-10 1936

19. UNDERTAKER Russell Dennis H. Wright
(Address) 1210 Mc Elderry St

20. FILED 9-1936 Registrar. A. Edgar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/12 1936 to 9/6 1936

I last saw h.. alive on 9/4 1936 Death is said to have occurred on the date stated above, at 9:15 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 36

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Raymond Thomas M. D.

(Address) 1500 E. Madison St.

F 27136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27136

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 12-16 Ward)
Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
Formerly lived in Annapolis, Md.

2. FULL NAME James J. Edmonds

(a) Residence: No. Charles Road, North Linthicum, St., ... Ward.
(Usual place of abode) Maryland (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Alice Edmonds

6. DATE OF BIRTH (month, day, year) April 21, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Naval Academy

10. Date deceased last worked at this occupation (month and year) September, 1936

11. Total time (years) spent in this occupation 4084

12. BIRTHPLACE (city or town) (State or country) Brooms Island, Calvert County. Maryland

FATHER

13. NAME James Edmonds

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Fannie Soole

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 11. 1936

19. UNDERTAKER John F. Kenney
(Address) 715 Light St.

20. FILED ... 19... Huntington Williams, M.D.
(Registrar)

SEP 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1936 to September 8, 1936
I last saw him alive on September 8, 1936 Death is said to have occurred on the date stated above, at 11:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer.	3 das.
Other contributory causes of importance:	
Perforation.	3 das.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Record. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. Anderson M.D.

(Address) U.S. Marine Hospital
Baltimore, Md.

27137 ✓ F 27137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 125-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Frank Edenton

(a) Residence: No. P.O. Box 141, Sparrows Point, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widnwed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of Mrs. Elizabeth Edenton

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wire mill 6046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Mr. Jim Edenton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME — Dorsia

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elizabeth Edenton
(Address) P.O. Box 141 - Sparrows Pt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Glenmore Va Date 9/11 1936

19. UNDERTAKER Richard F. Beasley
(Address) 1341 Gorsuch Ave Huntington Terrace, Md.

20. [illegible] 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/2/36 to Sept 8 1936

I last saw him alive on Sept 8 1936. Death is said to have occurred on the date stated above, at 2 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pick's Disease	July 1935
Other contributory causes of importance:	
Rupture of heart	Sept 8, 1936

Name of operation Dessolation of heart Date of 9/4/36.

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) G. L. Ackerman, M. D.
(Address) Church Home - Infr.

F 27138 Worrell ✓ F 27138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1829 Vine St., 70 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Stanley Worrell
If U. S. Veteran specify WAR
(a) Residence: No. 1829 Vine St., Ward about 36 yrs
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colo	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William Worrell.

6. DATE OF BIRTH (month, day, year) Feb 21st 1900.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	15.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.
10. Date deceased last worked at this occupation (month, day, year) 8/1/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Northampton Co Va

FATHER
13. NAME James Tan.
14. BIRTHPLACE (city or town) (State or country) Northampton Co Va

MOTHER
15. MAIDEN NAME Ida Delauche.
16. BIRTHPLACE (city or town) (State or country) Northampton Co Va

17. INFORMANT William Worrell.
(Address) 1829 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 9, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lanvale St.

20. FILED SEP 9 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1936, to Sept 6th, 1936. I last saw her alive on 6th Sept 36. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	8/1/36
Other contributory causes of importance: Bronchial Asthma about 2 mos.	

Was an operation performed? None Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Guyer M. D.
(Address) 572 W. Arlington Ave

7997

27139 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 27139

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hall

(a) Residence: No. 1608 E. Madison St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cora

6. DATE OF BIRTH (month, day, year) 12-23-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Jim Hall

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Millie Dunn

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/9/36 19

19. UNDERTAKER Elroy A Wilson
(Address) 1000 Baltimore Ave

20. FILED 9-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/36

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1936 to 9-8, 1936

I last saw him alive on 9-8 1936 Death is said to have occurred on the date stated above, at 4:10 a m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Hypertensive Heart Disease	930	1933
Arteriosclerosis	97	Unk
Coronary Thrombosis	938	Aug 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospitals

F 27140

27140 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH #13923 82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16-2 Ward)

Length of residence in city or town where death occurred 1899 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wisher

(a) Residence: No. 822 Ashland Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-11-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co., Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irene Warna

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 1936

19. UNDERTAKER [illegible]
(Address)

FILED [illegible] 1936 [illegible] Registrar

2573

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1932 to 9-2 1936

I last saw h.i.m alive on 9-2 1936 Death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-26-36
Cardiac Failure due to Hypertension	5-1-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospitals

27141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 E Biddle St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Dyer

(a) Residence: No. 1520 E Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chris Alexander Dyer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Louise Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Chris Alexander Dyer

(Address) 1520 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med. School Date Sept 9, 1936

19. UNDERTAKER

(Address)

FILED 9-1936 Registered No. 257

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to Sept 7, 1936

I last saw her alive Sept 9, 1936. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6 to 7 months)	Sept 1 36
Other contributory causes of importance:	

Was an operation performed? ..... Date of? .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

F 27142

F 27142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53E

1. PLACE OF DEATH Bon Secours Hosp. 70-1

CITY OF BALTIMORE: (No. Balto Md. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Placide O'Brien Phila. Pa.

(a) Residence: No. Convent of Bon Secours St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 1858

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	78	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospt Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Catholic Cem 9/10 1936

19. UNDERTAKER Joseph A. Fenlon

(Address) Fenlon & Stapleton

20. Filed 1936 Registrar.

RRD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to Sept 8 1936

I last saw her alive on Sept 8 1936 Death is said to have occurred on the date stated above, at 10 13 A m.

The principal cause of death and related causes of importance were as follows:

Fibrosarcoma of chest wall — Date of onset 1923

Other contributory causes of importance:

Secondary anemia — 1936

Lac Ked Pr.

Was an operation performed? Yes Date of 7-11-36

For what disease or injury? Fibrosarcoma

Name of operation Implantation of Radium Pathology Lab of 7-11-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Simon L. Kemp M. D.

(Address) Bon Secours Hosp.

27143 ✓ F 27143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hosp. Ward 1356)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. James [Carrie] B. Garrison

If U. S. Veteran specify WAR .....

(a) Residence: No. 3537 Keswick Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of James T. Garrison

6. DATE OF BIRTH (month, day, year) Mar. 2 1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58.	6	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Mycasah Stickley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Pierce

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mr James T. Garrison 3537 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Sept. 11th 1936

19. UNDERTAKER (Address) J. Walter Davis 3418 Chestnut Ave.

20. 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1936 to Sept. 8, 1936

I last saw her alive on Sept. 8, 1936 Death is said to have occurred on the date stated above, at 2:22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic acidosis	9/5/36
Acute Nephritis	9/5/36

Other contributory causes of importance:

Diabetes mellitus, arteriosclerosis, hypertensive, Chr. nephritis, Gastritis.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Ivey M. D.

(Address) Union Memorial Hosp.

F 27144 ✓ F 27144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL Ward 12-2

Length of residence in city or town where death occurred [redacted] yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOSEPH A HALL

(a) Residence: No. 605 E. JOPPA RD St., ... Ward. TOWSON, MD.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Margaret

6. DATE OF BIRTH (month, day, year) 11/29/1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 60	9	16 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sentry 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER

13. NAME John S Hall

14. BIRTHPLACE (city or town) (State or country) N Y

MOTHER

15. MAIDEN NAME Hannah M Stewart

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Margaret Hall
(Address) 605 E. Joppa Rd Towson

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Ohio Date 9/9 1936

19. UNDERTAKER William Cook
(Address) 147 St Paul St

20. FILED 9-1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 8 1936 to SEPT. 9 1936

I last saw him alive on SEPT. 9 1936 Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
UREMIA	9/7/36
POLYCYTHEMIA VERA	?
HYPERTENSION	"
ARTERIOSCLEROSIS	?
Other contributory causes of importance: CHRONIC NEPHRITIS	"

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? LAB Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify NO

(Signed) Robert H Oliver M. D.

(Address) Union Memorial Hosp.

✓ F 27145

27145 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-1 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Lallie V. Reth

(a) Residence: No. 109 N. Edmondwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. F. Reth Jr.

6. DATE OF BIRTH (month, day, year) Dec. 23 12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Wm. Britcher

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. John H. F. Reth

(Address) 109 N. Edmondwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem. Date Sept 9. 1936

19. UNDERTAKER Fred. Lauer & Son

(Address) 1421 Eutaw St.

9-1936 Elgin Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10- 1936 to 9-9 1936

I last saw her alive on 9-9 1936 Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis. — Date of onset

over

Other contributory causes of importance:

Was an operation performed? yes Date of 8-14-36

For what disease or injury? Carcinoma

Name of operation Exploratory Laparotomy 8-14-36

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) G. L. Ewald M. D.

(Address) Balt. Gen'l. Hosp.

F 27146

F. D. 27146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 205-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles St Overhill Ward) 20 6

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR Civil War

2. FULL NAME Geo Roland Gibson

(a) Residence: No. 3425 Frederick St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen E. Gibson

6. DATE OF BIRTH (month, day, year) Dec 4 1896

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	39	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) Sept 5, 36

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thos F Gibson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Barrett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Helen Gibson 3425 Frederick St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 9/10 1936

19. UNDERTAKER Geo A Fahey Gibson & Fahey

(Address) Huntington W Va

20. FILED ...19... Register

OCCUPATION is very important. See instructions on back of certificate.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1936

22. I HEREBY CERTIFY, That I took ... of the remains described above, held an ... (Inquest, Autopsy or Inquiry) and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to death	
Cardiac Failure	
Shock Overturned	9/8/36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? Charles St Overhill Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Motor Overturned

Nature of injury Burned to death

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) ... M. D. Coroner

(Address) Coroner

F 27147

F 27147 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Tuberculosis Division
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 16-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Mollie Tyler (10630)

(a) Residence: No. 1602 Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Tyler

6. DATE OF BIRTH (month, day, year): 2-16-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Margaret Campbell

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus cem Date 9-11-36.

19. UNDERTAKER: George H. Nelson
(Address) 1303 Presstman st

20. FILED SEP 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936 to Sept. 8, 1936

I last saw her alive on Sept. 8, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug. 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals.

M. D. B 1268-9

F 27148

F 27148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-61

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkins Hosp. Ward) 6-3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel F. Adams

(a) Residence: No. 442 N. Patterson Park Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 7-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Adams

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sarah Tregoe

(Address) 442 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Sept. 10. 1936

19. UNDERTAKER E. Miller & Son

(Address) 2324 Jefferson St.

20. FILED ..... 19 ..... Registrar.

SEP 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? — .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/2 1936

Where did injury occur? Fayette & Montford Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street. Was walking

Manner of injury Fell to ground & struck

Nature of injury his head on ground.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker Coroner . M. D.

(Address) 1917 E. North Ave

27149 E 27149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John H. Otten

(a) Residence: No. Ellicott City, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0.086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2 yr.

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

FATHER

13. NAME John J. Otten

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia M Bowe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Otten

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary Cem Date Sept. 12 1936

19. UNDERTAKER Easton Sons

(Address) Ellicott City.

20. FILED (Date) 19 Register No.

9 10 1936 Ellicott City, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1936 to Sept. 9, 1936.

I last saw him alive on Sept. 9, 1936 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage; Hypertensive Cardio Vascular Renal disease;

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Robyson, Jr. M. D.

(Address) University Hospital.

M. D. B. 1268-9

F 27150

F 27150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Carrollton St., 4th Ward)

Length of residenre in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Loday Moody Johnson

(a) Residence: No. 110 N. Carrollton St., ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Johnson

6. DATE OF BIRTH (month, day, year) March 20, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etr. home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kent County md

FATHER

13. NAME Ned Nichols

14. BIRTHPLACE (city or town) (State or country) Kent County md

MOTHER

15. MAIDEN NAME Mary Bowers

16. BIRTHPLACE (rity or town) (State or country) Kent County md

17. INFORMANT Beulah Moody

(Address) 110 N. Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 9-10 19 36

19. UNDERTAKER Francis A. Hensley

(Address) 528 N Biddle St

20. FILED ..... Registrar.

SEP 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.8.36. 19

22. I HEREBY CERTIFY, That I attended deceased from 8.16.36. 19.... to 9.8.36. 19.....

I last saw h~~e~~r alive on 9.7.36. 19. Death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Gangrene both feet (Diabetic?)	Aug 1936
Arteriosclerosis	Dec 1935
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? Phys exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in nny way related to occupation of deceased? No If so, specify .....

(Signed) James M Fair M. D.

(Address) 705 N Lexington St.

27151

HEALTH DEPARTMENT—CITY OF BALTIMORE

27151

CERTIFICATE OF DEATH

✓ x 82-a

Registered No. 16822

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME William H Wheeler W. W.

(a) Residence: No. Riverside Rd. Middle River St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margt. Neice

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 9/11-36

19. UNDERTAKER Robert Brooks & Son
(Address) Catons & Walker Sts Baltimore Md

20. FILED SEP 10 1936, 19 Registrar. Jqc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1936 to 9-9, 1936

I last saw him alive on 9-9-1936 Death is said to have occurred on the date stated above, at 3P-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-28-36
Anemia, Secondary	Unk
Other contributory causes of importance:	
Arteriosclerosis	Unk

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Rapley M.D.

(Address) Baltimore City Hospitals

27152

F 27152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 13-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mirvette Johnson — If U. S. Veteran specify WAR .....

(a) Residence: No. 1607 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Manuel Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rosa Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosa Johnson
(Address) 1607 Presbury St

18. BURIAL, CREMATION, OR REMOVAL
Place All Calvary Date 9-11 1936

19. UNDERTAKER F. C. Richardson & Co.
(Address) 1220 Druid Hill Ave
Huntington Williams, MD
Registrar.

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 . 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacillary Dysentery	Sept 2 1936

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jesse L. Allen M. D.
Coroner

(Address) 5 Fairmount Ave

F 27153

M. D. R. 1368-A

F 27153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2nd - 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas H. Welch

(a) Residence: No. 1604 Webster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 16, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas H. Welch

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Estella T. Walton

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Thomas H. Welch
(Address) 1604 Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept. 10, 1936

19. UNDERTAKER J. M. Cook
(Address) 1217 E. Fayette St.

20. FILED Sept 10 1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	about

Other contributory causes of importance: —

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-2

F 27154

F 27154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 27-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Burgess

If U. S. Veteran specify War No Record

(a) Residence: No. 5714 Maple Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

(Printed)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/1/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Burgess

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Roseanna Horn

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Sept 11th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williamsport, Md

20. FILED P 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin B Wallace Coroner M. D.

(Address) 1031 St Paul St.

F 27155

M. D. B 1268-9

F 27155 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Emory T. Cursler If U. S. Veteran specify WAR .....

(a) Residence: No. Sykesville Md St., ... Ward. Sykesville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma G. Cursler

6. DATE OF BIRTH (month, day, year) June 14 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Cursler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Bell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emma Cursler
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woods Hotel Date 9/11 1936

19. UNDERTAKER Geo. Forrest Sons
(Address) Sykesville Md

20. FILED ..... Registrar.

SEP 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above. 12:50 AM

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo H Phillips M. D.
Coroner

(Address) 1437 Edmondson Ave

Mundell

F 27156

F 27156 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gilbert Mundell

(a) Residence: No. Brooklyn, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md.

FATHER

13. NAME Gilbert Mundell

14. BIRTHPLACE (city or town) (State or country) Seven Md

MOTHER

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Seven Md

17. INFORMANT Gilbert Mundell

(Address) Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Seven Md Date Sept 11, 1936

19. UNDERTAKER Joseph A. Lively

(Address) 1098 N Mount St

SEP 13 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9.7, 1936, to 9.9, 1936

I last saw him alive on 9.9, 1936. Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset since birth
Congenital heart disease Patent interventricular septum, Malnutrition and dehydration	2 mos. ago.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. V. Jackson M. D.

(Address) 600 N. Arlington

F 27157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Chestnut Ave. Ward) 13-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael A. Herrmann

(a) Residence: No. 3326 Chestnut Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (not WIFE of) Mary C. Herrmann

6. DATE OF BIRTH (month, day, year) June 23, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79.	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Andrew Herrmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Clarence L. Herrmann

(Address) 3326 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL St Mary's Cem Hyattsville 9/9/ 1936

19. UNDERTAKER Walter Power

(Address) 3818 Gwynn Oak Ave.

Registered

SEP 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9/ 36 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1936 to Sept 9 1936

I last saw h[illegible] alive on Aug 14 1936 Death is said to have occurred on the date stated above at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vasc. Renal disease	
Other contributory causes of importance: Myocardial insufficiency	9/7/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 848 W 36th

HEALTH DEPARTMENT—CITY OF BALTIMORE

7158 27158

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Chester St. 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Wilson

(a) Residence: No. 141 N. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 24, 1867

7. AGE: Years 69 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Buyer-Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Somerset & Co.

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 20 46

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John W. Wilson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Elizabeth Blake

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Julia A. Price

(Address) 171 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Cem. Sept. 10 36

Place Date

19. UNDERTAKER: Wm. Pickup & Sons

(Address) North & Paca.

Huntington Ave. Registrar

SEP 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to Sept 8 1936

I last saw him alive on Sept 7 1936 Death is said to have occurred on the date stated above, at 7.25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease 131a	1926?
Other contributory causes of importance: Cardiac decompensation 95c2	2 days
	8/4/36

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Roger M. Stille M. D.

(Address) 2430 Maryland Ave

27159 Send to ward for clothes ✓F 27159

3/4/19

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 51-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Epstein

(a) Residence: No. 28 W. Lellers Ave Wrigley Pk, Penn Ward. Brady 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cyrena

6. DATE OF BIRTH (month, day, year) Apr. 15, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	-4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Butcher, Pole

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Russia

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Helen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia Pa. Date Sept 10, 1936

19. UNDERTAKER Sol Swartz & Bro
(Address) 1127 E Baltimore St

Huntington Williams, MD
Registrar.

0 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29th, 1936 to Sept 10th, 1936

I last saw him alive on Sept 10th, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bladder Tumor - infiltrating carcinoma with osseous metastasis	
OSSEOUS	
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 2 1936

For what disease or injury? suprapubic cystotomy - bladder

What test confirmed diagnosis? Microscopic section Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William C. Gilmore, M. D.

(Address) Johns Hopkins Hospital

Spec.—2-29-28—I. F. S.—500 Bks.

F 27160 ✓ F 27160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Great Falls

REGISTERED NO. 28-3

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5110 (ST.) Fridwall Ave (WARD)

2—FULL NAME Frank C. Moss

(a) RESIDENCE NO. 5110 Fridwall Ave ST., WARD Spanish War

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara B. Moss

6 DATE OF BIRTH (month, day, and year): July 23-1876

7 AGE: Years 60; Months 1; Days 15; If LESS than 1 day, hrs. or min. 16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture 66

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Thomas Moss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Lucy Gillium

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Mrs. Clara B. Moss

(Address) 5110 Fridwall Ave

Filed OCT 10 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 8/36

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1936, to Sept 8, 1936, that I last saw him alive on Sept 8, 1936, and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hardening of Arteries & Chronic Nephritis (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo F. Forehand, M. D.

, 19 (Address) 5100 Hudson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U.S. National Cemetery — DATE OF BURIAL: Sept. 10 1936

20 UNDERTAKER: George L. Schwab — ADDRESS: 201 Fredk. Ave.

M. D. R. 1268-9

F 27161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Edmondson ~~St.~~ Ave 16-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Cook Johnson

(a) Residence: No. 1505 Edmondson ~~St.~~ ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Thomas Johnson

6. DATE OF BIRTH (month, day, year) March 27, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or — min.
48	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) October, 1935

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, md.

FATHER

13. NAME Abel Cook

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, md.

MOTHER

15. MAIDEN NAME Sadonia Cook

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, md.

17. INFORMANT Irene Jones (daughter)
(Address) 1505 Edmondson ave

BURIAL, CREMATION, OR REMOVAL

Place St. Mark, Md Date Sept 10, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 3721 Edmondson Ave.

20. FILED SEP 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.6.36. 19

22. I HEREBY CERTIFY, That I attended deceased from 11.5.35 — 19— to 9.6.36 — 19—

I last saw her alive on Sept. 6, 19 36 Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma	11.5.35
uterine hemorrhage	9.4.36

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James M. Fair M. D.

(Address) 865 W. Lexington St.

F 27162 ✓ F 27162

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry W. Hall

(a) Residence: No. 950 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Hall

14. BIRTHPLACE (city or town) (State or country) Millinville Md

MOTHER

15. MAIDEN NAME Margaret Chapman

16. BIRTHPLACE (city or town) (State or country) Millinville Md.

17. INFORMANT Margaret Hall
(Address) 1025 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL Millinville Md
Place Brookroad Cemetery Date Sept 11, 1936

19. UNDERTAKER Mrs. George H. Holland
(Address) 1611 Druid Hill Ave

FILED Sep 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9.8, 1936, to 9.9, 1936

I last saw him alive on 9.9, 1936. Death is said to have occurred on the date stated above, at 2.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	9.8.36
Malignant Hypertension	4 mo. ago.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. H. Jackson, M. D.

(Address) 600 N. Arlington

M. D. B 1268-9

F 2716 Grave # 22

27163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier #5 Pratt St. St. H-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) —

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Sept 10 . 193[illegible]

19. UNDERTAKER .....
(Address)

20. FILED [illegible] Huntington & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 8/31, 1936

Where did injury occur? Pier 5 Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Probably fell overboard

Nature of Injury from Wharf

24. Was disease or injury in any way related to occupation of deceased? .....
If so, how? .....

(Signed) Chas. B. Wallace M. D.
Coroner

(Address) 1031 St Paul St

✓ F 27164

27164 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

8895 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-W Ward

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. ds.

2. FULL NAME William Butler

(a) Residence: No. No home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-1-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Wm. Butler

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. McHenry Date Sept 10 1936

19. UNDERTAKER
(Address)

20. FILED SEP 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-22 1935 to 9-7 1936

I last saw him alive on 9-7 1936. Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	9-6-36
Arteriosclerotic Heart Disease	1935
Other contributory causes of importance:	
Arteriosclerosis	Unk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

✓ F 27165

27165 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Orange Aikens

(a) Residence: No. ?? Greenwillow Street St., Ward.
(Usual place of abode) 581 Druid St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 23, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Sarah Alexander

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Md School Date Sept 10, 1936

19. UNDERTAKER Community Funeral
(Address)

20. FILED ....., 19.... Registrar

0 1936 Eugene Williams 2579

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Sept. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to September 2, 1936
I last saw him alive on September 2, 1936 Death is said to have occurred on the date stated above, at 11:30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Onset
Pulmonary Tuberculosis		Jan. 1936
Tuberculous pleurisy with Effusion		Feb 1936
Tuberculous Meningitis		1 wk.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ben H. Feldman, M. D.
(Address) Baltimore City Hospitals

✓ F 27166

27166 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. 15342

CITY OF BALTIMORE: (No. Balto. City Hospital St. 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? 67 yrs. mos. ds.

2. FULL NAME William Laycock

(a) Residence: No. None St., Ward. W.M. Ch.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-25-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	73	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME William Laycock

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Harling

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9.10- 1936

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1515 Light St

19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1931 to 9-5- 1936

I last saw h/m alive on 9-5- 1936 Death is said to have occurred on the date stated above, at 5 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary Edema	9-4-36
Arteriosclerotic Heart Disease,	7-25-36

Other contributory causes of importance:

Arteriosclerosis	2nd

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey

(Address) Baltimore City Hospital

✓ F 27167

27167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital 20-4 176 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Salvatore Cammarata If U. S. Veteran specify WAR

(a) Residence: No. 2 E. Catherine St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 19, 1878

7. AGE: Years 57 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Sept. 1936 | 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
13. NAME Vincent Taluto
14. BIRTHPLACE (city or town) (State or country) Italy

FATHER
15. MAIDEN NAME Concetta Talluto
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept 10, 1936

19. UNDERTAKER Frank D. Pepitone (Address) 28 S. E. Baltimore

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1936 to Sept 9th 1936

I last saw h... alive on Sept 9, 1936 Death is said to have occurred on the date stated above, at 5:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	Sept 7

Other contributory causes of importance: Cholecystitis + Icterus

Was an operation performed? No Date of Sept 3rd

For what disease or injury? Gall bladder

Name of operation Cholecystectomy Date of Sept 3

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) Mercy Hosp

M. D. B 1268-9

F 27168

27168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital (St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Sam Schlick

If U. S. Veteran specify WAR

(a) Residence: No. 26 Mallow Hill Rd. (Usual place of abode) Towson Station Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E. Schlick

6. DATE OF BIRTH (month, day, year) June 24, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nicholas Schlick

14. BIRTHPLACE (city or town) (State or country) Danesville, N.J.

MOTHER

15. MAIDEN NAME Louisa Schlutz

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mr. Schlick - Son (Address) 26 Mallow Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 12 1936

19. UNDERTAKER Geo M. Frick Son (Address) 871 N. Howard St

Huntington Pallinger

10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/9, 1936

Where did injury occur? Bucto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 3111 Greenmount Ave

Manner of injury Fell off Ladder

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Wallace M. D. Coroner

(Address) 1031 St Paul St

✓ F 27169

27169 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred --yrs. 1 mos. --ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

2. FULL NAME Miss Mary Piet (Mollie Piet) If U. S. Veteran specify WAR.....

(a) Residence: No. St. Catherine's Washington D.C. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 27, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	87	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John B. Piet

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary ----------

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mercy Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery 9/11 1936

19. UNDERTAKER Henry U. Means & Son (Address) 503 N. Calvert St.

19... [illegible]

0 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from aug 26 1936 to Sept 9 1936

I last saw her alive on Sept 9 1936. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 9/6/36

Other contributory causes of importance:

Senility

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. E. Jones M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

✓ F 27170

27170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E. 22nd St. 12th Ward)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Agnes Reilly

(a) Residence: No. 301 E 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Mary Mee

6. DATE OF BIRTH (month, day, year) 4-17-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Patrick Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Mee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Rose Reilly

(Address) 301 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Sept 12 1936

19. UNDERTAKER Wm. H. Gladden & Son

(Address) 1600 Eutaw Pl

Sept 10 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936, to Sept 9, 1936

I last saw h[illegible] alive on Sept 8, 1936 Death is said to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arterio Sclerosis	
Old Age	
Other contributory causes of importance:	
Heart failure	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Reginald S. Tonry M. D.

(Address) 414 E North Ave

27171 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27171

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E. 20th St., 9-8 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret R. Garrett

If U.S. Veteran specify WAR .....

(a) Residence: No. 908 E. 20th St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry W. Garrett

6. DATE OF BIRTH (month, day, year) Oct. 19, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. at home none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Liberty, Balto. Co., Md.

MOTHER FATHER

13. NAME Manafah Meredith

14. BIRTHPLACE (city or town) (State or country) Taylor, Stafford Co., Md

15. MAIDEN NAME Mary C. Garrison

16. BIRTHPLACE (city or town) (State or country) Taylor, Stafford Co., Md

17. INFORMANT Edgar M Garrett
(Address) 908 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL
Place West Liberty Cem Date Sept 11th 1936

19. UNDERTAKER Albert H. Pereyra
(Address) 422 E. North Ave.

20. Registrar.

0 1936

RT 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/19/ 1936 to 9/8/ 1936

I last saw h[illegible] alive on 9/1/36 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	9/8/36
Cerebral Arteriosclerosis	8/19/36
Other contributory causes of importance:	
Arteriosclerosis	1 Year

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas A Waltz M. D.

(Address) 532 E 22nd St.

27172

F 27172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2462 Washington Blvd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha L. H. Finkbeiner

If U. S. Veteran specify WAR ..... No Record

(a) Residence: No. 2462 Washington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of John Finkbeiner

6. DATE OF BIRTH (month, day, year) Jan 1st 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Doswald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Finkbeiner

(Address) Laurens S.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Bradford Pa Date Sept 11th 1936

19. UNDERTAKER Wm Groh

(Address) 1217 St Paul St

19. FILED SEP 11 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to Sept. 10, 1936

I last saw her alive on Sept. 6, 1936. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder (urinary) with extensive Metastasis	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cystoscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Sheldon Leonard, M. D.

(Address) Med. Arts Bldg.

Maurice L White

27173 27173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Wm H Baltimore Gen. Hospital — Registered No. 147-w

CITY OF BALTIMORE: (No. ..... St., 9-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice L. White. If U. S. Veteran specify WAR

(a) Residence: No. 1315 E. Lafayette Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Briggs White

6. DATE OF BIRTH (month, day, year) July 26, 1902.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	18	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Footwear Store

10. Date deceased last worked at this occupation (month and year) ..... How long (years) (months) in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chance, Somerset Co., Md.

FATHER

13. NAME Luther Ray White.

14. BIRTHPLACE (city or town) (State or country) Chance, Somerset Co., Md.

MOTHER

15. MAIDEN NAME Vesta Sarah Tarleton.

16. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

17. INFORMANT Mrs Helen White (wife)
(Address) 1315 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Chance Cem. Md. Date Sept. 12th 1936

19. UNDERTAKER George Ruth Funeral Home
(Address) 1735 Hoffman Ave

1936 Lexington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 3:25 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating typhoid ulcer	
Perforated duodenal ulcer	
Gastritis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/10/36

For what disease or injury? For Gastric ulcer

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Hayes Coroner, M. D.

(Address) [illegible]

F 27174

F 27174 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fitzsimmons Pavilion St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Gallagher

(a) Residence: No. 1200 - Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/29/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Stanislaus, Supr.

(Address) 1200 - Valley Street, City

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 9/12/36, 19

19. UNDERTAKER Geo. J. Roche Inc.

(Address) 1735 Harlem Ave. Balto

20. FILED SEP 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 -, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 -, 1936 to Sept 9 -, 1936

I last saw him alive on Sept 9 -, 1936 Death is said to have occurred on the date stated above, at 6:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6/1/36
Other contributory causes of importance: Edema of Lungs	9/9/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E North ave.

F 27175 F 27175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-a

1. PLACE OF DEATH Provident Hospital — Registered No. 17-2

CITY OF BALTIMORE: (No. 1514 Druid Park Ave. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie Jones — If U. S. Veteran specify WAR

(a) Residence: No. 505 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Jones

6. DATE OF BIRTH (month, day, year) — — 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Col'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Rose Jones

(Address) 505 Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/12 19 36

19. UNDERTAKER Wm A Jackson

(Address) 916 Pennsylvania Ave

20. FILED SEP 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-4 . 1936 to 9-9 . 1936.

I last saw alive on 9-9 . 1936 Death is said to have occurred on the date stated above, at 11:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

Acquired Hernia

Was an operation performed? yes Date of 8-5-36

For what disease or injury?

Name of operation Hemiplasty Date of 8-5

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Ruhlan M. D.

(Address) Provident Hosp

27176 F 27176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH University Hospital Registered No.
CITY OF BALTIMORE: (No. St., 17-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Anne Darsey
(a) Residence: No. 726 N Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll Darsey

6. DATE OF BIRTH (month, day, year) — — 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Wash. D.C

FATHER
13. NAME Alfred Petty
14. BIRTHPLACE (City or town) (State or country) Wash D.C

MOTHER
15. MAIDEN NAME Jane Nelson
16. BIRTHPLACE (City or town) (State or country) Harford Co Md

17. INFORMANT John L Darsey
(Address) 726 N mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9/13 1936

19. UNDERTAKER Wm A Jackson
(Address)

SEP 11 1936 Eugene Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9-36 7:30 PM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp-Com. fracture	
Rt Tibia	
Shock	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 9-9 1936
Where did injury occur? Mulberry & Myrtle Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Sidewalk
How injury occurred Struck by truck which had
Nature of injury Contusion c another car

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) Nathan Kurley Auto M. D.
Coroner
(Address) 907 N Charles

M. D. R. 1268-9

27177

F 27177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4722 Falls Rd. St. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Lane

(a) Residence: No. 4722 Falls Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Mary E. Lane

6. DATE OF BIRTH (month, day, year): Aug 15, 1853

7. AGE: Years: 83 yrs. Months: ... Days: 24 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Eastern Shore, Md.

FATHER

13. NAME: James Lane

14. BIRTHPLACE (city or town) (State or country): Eastern Shore, Md

MOTHER

15. MAIDEN NAME: Rachel ?

16. BIRTHPLACE (city or town) (State or country): Eastern Shore, Md.

17. INFORMANT: Lien Montgomery

(Address) 4722 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 11 19 36

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pressman St.

20. FILED Sept 11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1936 to Sept. 9, 1936

I last saw h/M alive on Sept. 5, 1936. Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	1934

Other contributory causes of importance:

Generalized Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Maurice L. Adams M. D.

(Address) 426 E. 23rd St.

M 27178

F 27178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Stricker St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Henry Burrows

(a) Residence: No. 707 N. Stricker St., Ward. 16th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Burrows

6. DATE OF BIRTH (month, day, year): Jan 3d 1863

7. AGE: Years 73 | Months 8 mo | Days 6 das | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia Dorchester Co., Md

MOTHER FATHER

13. NAME: John Burrows

14. BIRTHPLACE (city or town) (State or country): Virginia Dorchester Co Md

15. MAIDEN NAME: Lydia Burrows

16. BIRTHPLACE (city or town) (State or country): Virginia Dorchester Co Md

17. INFORMANT: Ida Burrows

(Address) 707 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cem. Date 9/12 1936

19. UNDERTAKER: George D. Kelson

(Address) 1300 Eastman St.

FP 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936 to Sept 9th 1936

I last saw him alive on Aug 31 1936 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Interstitial	6-15-36
	do

Other contributory causes of importance: Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. B. Evans M. D.

(Address) 608 W. Franklin St.

F 27179

27179 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

51-B

CERTIFICATE OF DEATH

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Rossiter Ave. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse F. Linthicum

If U.S Veteran specify WAR

(a) Residence: No. 514 Rossiter Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie R. Linthicum

6. DATE OF BIRTH (month, day, year): Dec 22, 1867

7. AGE: Years 68 | Months 8 | Days 16 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Columbia Paper Bag

10. Date deceased last worked at this occupation (month and year): Today

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

13. NAME: John Linthicum

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Martina Hayden

16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMANT (Address): Jesse Linthicum 514 Rossiter Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Olivet Date: Sept 11 1936

19. UNDERTAKER (Address): E. Leroy Stuffler Inc. 1258 Montgomery

19 Registrar.

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Sept 8 1936

I last saw h.m alive on Sept 8 1936 Death is said to have occurred on the date stated above, at 5-13 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Bladder	Jan 1936
	Aug
Other contributory causes of importance: Acute Uremia	Sept 6 36

Was an operation performed? Yes Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Watson M. D.

(Address) 827 N. Paca St

F 27180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 W. Baltimore St. St. 20-X Ward)

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella N. Haugh.

(a) Residence: No. 2242 W. Baltimore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~XXXXXXXX~~ (or) WIFE of Harry H. Haugh

6. DATE OF BIRTH (month, day, year) September 11, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

FATHER

13. NAME Adam Doarmberger

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Rosa Freidinger

16. BIRTHPLACE (city or town) (State or country) Hagerstown, md.

17. INFORMANT Gale Haugh. (son)

(Address) 2242 W. Baltimore, St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date Sept 11 1936

19. UNDERTAKER Harry Hutzler

(Address) 710 Edmondson Ave.

SEP 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st, 2nd, & 3rd degree burns	
Suffocation.	
Due to illuminatong gas	
explosion.	
Accidental death.	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 9/8/36

Where did injury occur? 2242 W. Baltimore, St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Explosion.

Nature of injury Suffocation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

9/10/36 (Address) 1017 S. Charles St.

27181 F 27181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l. Hosp. 122-a

CITY OF BALTIMORE: (No. 10-E St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Phillip J. Lammers

(a) Residence: No. 604 N. Loudon Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Louisa H. Lammers (nee Berg)

6. DATE OF BIRTH (month, day, year) July 15, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music & Instruments

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Music Store 844 W. Baltimore St.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER FATHER

13. NAME Phillip J. Lammers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth H. Lammers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louisa H. Lammers
(Address) 604 N. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 12, 1936

19. UNDERTAKER Harry H. Hiestand
(Address) 4101 Edmondson Ave.

FILED P 11 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1936 to 9-9, 1936

I last saw him alive on 9-9, 1936. Death is said to have occurred on the date stated above, at 1:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Prostatic Hypertrophy = acute retention	
b. Inguinal Hernia bilateral	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

F 27182

F 27182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Bentalou St. St. 20-W Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah C. Cross.

(a) Residence: No. 115 N. Bentalou St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James S. Cross.

6. DATE OF BIRTH (month, day, year) Dec. 20-1889.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife; 2.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

13. NAME Benjamin F. Owens.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah J. Sullavan.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James S. Cross.
(Address) 115 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md. Date Sept 11. 1936

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED ..... 19 ..... Registrar

SEP 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1936 to Sept 8, 1936

I last saw h alive on Sept 6, 1936. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Lung	3/36
Other contributory causes of importance: Carcinoma of Liver	3/36

Was an operation performed? Yes Date of 3/36

For what disease or injury? Carcinoma of Liver

Name of operation Exploratory Laparotomy Date of 3/36

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) James S. Cross M.D.

(Address) 721 Virginia Ave Balto Md

M. D. F. 1268-1

F 27183

F 27183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 26-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 Aaron Ave, St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma F. Benson

(a) Residence: No. 4616 Aaron Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widowed

5a. If married, widowed, or divorced WIFE of / HUSBAND of: John Benson

6. DATE OF BIRTH (month, day, year) Sept. 17 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taneytown, Md

MOTHER / FATHER

13. NAME John Wesley Miles

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ellen Jane Phillips

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Adda A. Norwood

(Address) 4616 Aaron ave

18. BURIAL, CREMATION, OR REMOVAL Mongan's Int. order

Place Damascus Date Sept. 11 1936

19. UNDERTAKER Howard N. Bligh Jr.

(Address) 918 Belair Rd.

20. FILED Sept 11 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936 to Sept 8, 1936

I last saw her alive on Sept 7, 1936 Death is said to have occurred on the date stated above, at 4 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1yr
Other contributory causes of importance: Cerebral Arteriosclerosis	5 years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Edward J. Wood M. D.

(Address) 413 Fremont St

27184 F 27184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5-50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 106 S. Collington Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret M. Levy

(a) Residence: No. # 106 S. Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry A. Levy

6. DATE OF BIRTH (month, day, year) Aug 6th, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER FATHER

13. NAME Frank Goldbeck

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland,

15. MAIDEN NAME Anna Brunner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT (Address) Mr Harry A. Levy 106 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 9/ 12/ 1936

19. UNDERTAKER (Address) John J. Cowan & Son # 901 Hollins Street

20. FILED 11 1936 Clifton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936 to Sept 9, 1936

I last saw h[illegible] alive on Sept 9, 1936 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	1 mos.
Other contributory causes of importance: Carcinoma of the breast	1 year

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) E. B. Wheeler, M. D.

(Address) 1214 Hillman St

M. D. B. 1268-9

F 27185

27185 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N. Bruce St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Zigmont

(a) Residence: No. 429 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed or Divorced~~ (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE of~~): Selma Zigmont

7. DATE OF BIRTH (month, day, year): Oct 25. 1905

8. AGE: 31 Years 30 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 4050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Joseph Zigmont.

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Selma Zigmont

(Address) 429 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus cemetery Date Sept. 11, 1936

19. UNDERTAKER: Chas B. Kuhlmann

(Address) 632 S. Paca St

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1936 to Sept 8th, 1936

I last saw him alive on Sept 8th, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of throat	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. J. Jenkins, M. D.

(Address) 632 Fawn St

F 27186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27186

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Bernard St., 12-7 Ward)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James W. Compton.

(a) Residence: No. 2621 Bernard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Katie E. Compton

6. DATE OF BIRTH (month, day, year): June 14, 1858

7. AGE: Years 78 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: James W. Compton.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Louisa Howard.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Katie E. Compton.
(Address) 2621 Bernard St

18. BURIAL, CREMATION, OR REMOVAL: St. Mary's Hampden Date Sept. 12, 1936

19. UNDERTAKER: Thos. Howard Hoke.
(Address) 3615-17 Harford Ave.

Huntington Williams, M.D.
Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1936 to Sept 10, 1936

I last saw him alive on Sept 10 1936 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

Paralysis — Date of onset Sept 7 1936

Other contributory causes of importance:

Cerebral Haemorrhage

Was an operation performed? ... Date of ...

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) L. E. Richardson M. D.

(Address) 112 W. 20th St

27187 F 27187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-6 157-B

1. PLACE OF DEATH

Registered No. 16487

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 23 days Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Spencer, Baby Boy

(a) Residence: No. 3257 Chestnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 18, 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23 days			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Harvey Spencer

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary Mixter

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Marie Lamden Date Sept 12, 1936

UNDERTAKER Ehrmann & Sons
(Address) 3615-17 Chestnut Ave.

FILED 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 9-10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-8 . 1936 to 9-10 . 1936

I last saw him alive on 9-10 . 1936. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis due to staphylococcus	9-9-36
Meningocele	8-18-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B Jones M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 27188

27188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH Mod. General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Franklin C. Standiford

(a) Residence: No. 505 Tunbridge Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Jennie Myrtle Frederick

6. DATE OF BIRTH (month, day, year) Jan 22 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Sept 10-36

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Parkton Balto Co. Md

13. NAME Wm Standiford

14. BIRTHPLACE (city or town) (State or country) Balto Co.

15. MAIDEN NAME Fannie Rosier

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Mr. Morris Frederick

(Address) Whitehall Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md Date Sept 13. 1936

19. UNDERTAKER P. Lee Purdum

(Address) Woodlawn Md

FILED 11 1936 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12 15 m. a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis and Chronic Condition of the Kidneys about 2 yrs

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C Hann M. D.
Coroner

(Address)

M. D. B 1268-9

Funk ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

7189 T 27189

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Brentwood St., 25-3 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabella Frances Funk If U. S. Veteran specify WAR .....

(a) Residence: No. 2007 Brentwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Funk

6. DATE OF BIRTH (month, day, year) Sept 17 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Kemp Hooper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Reece

16. BIRTHPLACE (city or town) (State or country) District of Columbia

17. INFORMANT (Address) W. H. Funk (Husband) 2007 Brentwood

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Sept 11 1936

19. UNDERTAKER (Address) Edward Loveday Walbrook

SEP 11 1936

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden Death	

Other contributory causes of Importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

Yrs. St. Peter Williams, Md

A&Co. 5-31 250B

F 27190 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27190

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2738 Guilford St., 12-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Dahlman

(a) Residence: No. 2738 Guilford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt	76	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Sarah Dallman
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Clay ?
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. C. Coleman
(Address) 2738 Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 9.12.36 19

19. UNDERTAKER J. Wesley Boone
(Address) 1218 Eutaw St

20. FILED SEP 11 1936 Harry M. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Sept 9, 1936.
I last saw h.. alive on Sept 9, 1936, 4:30 p.m. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	
Dehydration	

Other contributory causes of importance:

Pulmonary Oedema	
none	

Name of operation ..... Date of ..... Two

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — ., 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Schenuit, M. D.

(Address) 1337 S. Charles St

M.D. F 1936 27191

✓ F 27191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert F. J. Cook

If U. S. Veteran specify WAR .....

(a) Residence: No. 1931 W. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wally Cook

6. DATE OF BIRTH (month, day, year) Nov. 18 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburg (State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Albert Cook (Son)

(Address) 232 S. Linwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Sept 11 1936

19. UNDERTAKER Vernon Kuehnel

(Address) 2201 Eastern Ave.

Eugene Hellmann M.D.

Registrar

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of femur	

Other contributory causes of importance: Cerebral hemorrhage

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 28, 1936

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Woodyard at home

Manner of injury Fall on pavement

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 1616 E. Monument St.

✓ F 27192

7192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. Ward) 20-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin A. O'Neill

If U. S. Veteran specify WAR

(a) Residence: No. 108 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. O'Neill

6. DATE OF BIRTH (month, day, year) Aug 26-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Dennis O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McCormick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary J. O'Neill

(Address) 108 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/12 1936

19. UNDERTAKER John F. Cowan & Son

(Address) 401 Hollins St.

FILED 19

11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1936, to Sept 9, 1936

I last saw him alive on Sept 9, 1936 Death is said to have occurred on the date stated above, at 10 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1920
Chronic Glomerular Nephritis	1930
Pulmonary Oedema	9/7/36
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. G. Llewelyn M. D.

(Address) St. Agnes Hospital

✓ F 27193

27193 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

36-9 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 O'Donnell St St., Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JAMES EDWARD COLLIER

(a) Residence: No. 3407 O'Donnell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Alice Gregory

6. DATE OF BIRTH (month, day, year) Dec. 30. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. p050

10. Date deceased last worked at this occupation (month and year) 1928 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas H. Collier

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rachel Horney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Leona L. Swayne (Dauhgter)

(Address) 3407 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL Interred Cem.

Place Centreville Md. Date Sept. 12. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

FILED 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9. 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from March 30. 1936 to Sept 9 1936

I last saw h. alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 4.00 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Jan 36

Other contributory causes of importance: ✓

Was an operation performed? no Date of

For what disease or injury?

Name of operation ✓ Date of

What test confirmed diagnosis Nephritis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter C. Bacon M. D.

(Address) 1002 20th St

✓ F 27194

32-195
32-194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH JOHNS HOPKINS HOS.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lois Faulcon

(a) Residence: No. 503 Ruttand St., Rose Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/10/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD.

13. NAME Garnett Faulcon

14. BIRTHPLACE (city or town) (State or country) N-Car.

15. MAIDEN NAME Alice Williams

16. BIRTHPLACE (city or town) (State or country) N-Car

17. INFORMANT Reuben

(Address) JOHNS HOPKINS HOS.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Calvary Date 9/4 1936

19. UNDERTAKER Cayton Sanders

(Address) 1413 E. Preston St

20. SEP 1 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1936 to Sept 4 1936

I last saw her alive on Sept 4 1936 Death is said to have occurred on the date stated above, at 2:15-PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, pneumococcal	9-3-36
Other contributory causes of importance: otitis Media, Diarrhea	9-1-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. O. Stiles, jr. M. D.

(Address) John a Hopkins Hospital

M. D. B. 1268-9

27195 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 27195

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Park Ave St. 14-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Lewis Reed Winslow

(a) Residence: No. 1530 Park St., Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

6a. If married, widowed, or divorced WIFE of Dr John R. Winslow

6b. DATE OF BIRTH (month, day, year) June 28, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME of Father Thomas B Reed

14. BIRTHPLACE (city or town) (State or country) Washington, Pa

15. MAIDEN NAME of Mother Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Dr Nathan Winslow

(Address) 1400 Mt Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rural Cem Date Sept 14 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Sept 11, 1936

I last saw her alive on Sept 11, 1936. Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1920
Other contributory causes of importance arteriosclerosis	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Winslow, M. D.

(Address) 1400 Mt Royal Ave.

27196 ✓ F 27196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Lee St. 02-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Morsell

If U. S. Veteran specify WAR

(a) Residence: No. 625 N. Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha Morsell

6b. DATE OF BIRTH (month, day, year): Oct 22 1885

7. AGE: Years 40 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd F

10. Date deceased last worked at this occupation (month and year): 2 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Richard Morsell

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Richard Morsell

(Address) 522 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date Sept 13 1936

19. UNDERTAKER: Jos. M. Cassell & Son

(Address) 638 N. Gilmor

20. FILED 1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27th, 1930 to Sept. 10, 1936

I last saw him alive on Sept. 5, 1936 Death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio-Pneumonia	Sept 8 1936
Other contributory causes (importance): Bronchial Asthma	3 wks

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

27192 ✓ F. 27197.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-18 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry McCarthy

(a) Residence: No. 4826 Park Heights St., Ward. Cor —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of Patricia

6b. DATE OF BIRTH (month, day, year) 4/a/69 1869

7. AGE: Years 67 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lt - Insp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Lemard Velsehmen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lydia Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Bom Date 9/12 1936

19. UNDERTAKER C. Jenson Jenson

(Address) 4611 Park Hgts Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1936 to Sept 9 1936

I last saw her alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 11:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphoid Leukemia	1926
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James H. Hartland, M. D.

(Address) Johns Hopkins Hospital

M. D. F. 27198

✓ F 27198
Fran #23

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Found floating in the water off

CITY OF BALTIMORE: (No. Key Highway & Hughes St. 22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown. (c) If U. S. Veteran specify WAR .....

(a) Residence: No. Do not know. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Sept 11 19

19. UNDERTAKER .....
(Address)

20. FILED SEP 11 1936 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found September 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

9/11/36 (Address) 1017 S. Charles St.

TO MORGUE

M. D. B. 1268-9

27199 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓F 27199

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 5 - X 117-a

CITY OF BALTIMORE: (No. 6 St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Heller

(a) Residence: No. Route 3 Annapolis Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Alfred Heller

6. DATE OF BIRTH (month, day, year) Dec 12 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 63	8	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Mr N. P. Jerson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Unser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Church Home office history
(Address)

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Dover Del Date 9-11-36

19. UNDERTAKER Mrs Chas. A. G. Rohde

(Address) 2327 Edmondson Ave

1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/27 1936 to 9/11 1936

I last saw her alive on 9/11 1936 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from benign gastric ulcer	
Other contributory causes of importance: Acute nephritis (c mod. uraemia)	

Name of operation Exploratory laparotomy Excision & Suture of gastric ulcer Date of 9/3/36

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Ackerman M. D.

(Address) Church Home & Infirmary

27200 F 27200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1743 Abbotson St., 9-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Richmond McKendry If U. S. Veteran specify WAR

(a) Residence: No. 1743 Abbotson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, ~~or divorced~~ (or) WIFE of: ~~HUSBAND of~~ William McKendry

6. DATE OF BIRTH (month, day, year): Dec 24 - 1857

7. AGE: Years 6 yrs 15 9; Months 8; Days 17 16; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

13. NAME: Marian Richmond
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Katherine Richmond
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Katherine Dietz 1743 Abbotson St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place: Moreland Memorial Sept. 13 1936

19. UNDERTAKER (Address): John P. Kenny 424 S. Broad St.

20. FILED: SEP 15 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Sept 10, 1936
I last saw her alive on Sept 10, 1936 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Aug 10

Other contributory causes of importance:
arterio sclerosis
nephritis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? v Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Finnerman M. D.

(Address) 4868 Park Heights Ave

M. D. B. 1268-9

✓ F 27201

27201 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary — 6-5 — X 5

Registered No.

CITY OF BALTIMORE: (No. ..... St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Foster Coalman.

(a) Residence: No. 5 Steele, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Coalman.

6. DATE OF BIRTH (month, day, year) Dec. 29, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	8	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia.

FATHER

13. NAME Andrew Coalman

14. BIRTHPLACE (city or town) (State or country) Nova Scotia.

MOTHER

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Ascension Cem. Harford Co. Date 9-13th 1936

19. UNDERTAKER Harford S. Bailey

(Address) Darlington Md.

20. FILED 1936 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) September 11, 1936.

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1936, to September 11, 1936.

I last saw him alive on September 11, 1936. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Fever	June 7.

Other contributory causes of importance:

Heart Failure.

Name of operation ..... Date of .....

What test confirmed diagnosis? Agglutination Autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify From infected cattle

(Signed) John A. Myers. M. D.

(Address) Church Home & Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

202 ✓ T 27202

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH — Registered No. 12494

CITY OF BALTIMORE: (No. Balto. City Hospital St., 1-25 Ward)
life
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Fisher

(a) Residence: No. 644 S. Curly St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 12, 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 0061
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Ignatius Fisher
14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 14 1936

19. UNDERTAKER George A. Weber
(Address) 705 S Ann at

20. FILED SEP 11 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24 . 1936 to 9-10 . 1936
I last saw him alive on 9-10 . 1936 Death is said to have occurred on the date stated above, at 7-30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	10 mo
Other contributory causes of importance:	
Asthenia	5 mo

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. Atkinson . M. D.
(Address) Balt. City Hosp.

27203 HEALTH DEPARTMENT—CITY OF BALTIMORE 27203

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 North Kenwood Avenue St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARGARET E. LUDWIG

(a) Residence: No. 152 North Kenwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced (or) WIFE of Isaac H. Ludwig

7. DATE OF BIRTH (month, day, year) Apr. 2, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME John Rohrer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Isaac H. Ludwig
(Address) 152 North Kenwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Date Holy Redeemer Cem. Sept 14-36

19. UNDERTAKER Chas. F. Faul & Son
(Address) 118 Printz Court Ave

FILED SEP 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Sep. 9, 1936

I last saw h[illegible] alive on Sep. 9, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	Jan. 1, 1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of about 1/1/36

For what disease or injury? Gall-stones.

Name of operation Cholecystectomy Date of 1/1/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Eugene L. Cusano M. D.

(Address) 514 Druid Park Lane

F 27204

27204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Fitzhugh & Caton St., W-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Joseph Kick

If U. S. Veteran specify WAR

(a) Residence: No. 241 Christian St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kick

7. DATE OF BIRTH (month, day, year) Aug. 15, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TRACK REPAIRMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. Rehl

(Address) 241 Christian St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/14/36 19

19. UNDERTAKER Lippmann & Lippmann

(Address) 1017 W. Fayette Street.

1836 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936 to Sept. 10, 1936

I last saw him alive on Sept. 10, 1936 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with extensive metastases	1934

Other contributory causes of importance:

Emphysema

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *X-ray Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. U. Williamson M. D.

(Address) St. agnes Hospital

F 27205

7205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 157-B

1. PLACE OF DEATH

Registered No. 21-3

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Williams

(a) Residence: No. 818 Carroll St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/4/36

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 hr	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

13. NAME Albert E. Williams

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME Beatrice Lang

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Helen Williams

(Address) 818 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date 9/12/36

19. UNDERTAKER Kaufman & Embrose

(Address) 1081 W. Pratt St.

FILED 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9/4/36 . 19 . to 9/11/36 . 19

I last saw him alive on 9/11/36 . 19 . Death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida.	9/4/36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M.D.

(Address) 1 W. Lexington St. Baltimore Md.

Summoned from public

F 27206

27206 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 N. Calvert St. 12-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie B. Jones

(a) Residence: No. 3116 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Jones

DATE OF BIRTH (month, day, year) Aug. 27, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73		14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

13. NAME Royston M. Betts

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Kate R. Robinson

16. BIRTHPLACE (city or town) (State or country) Wash., D. C.

17. INFORMANT Wm. H. Jones
(Address) 3116 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Green Mount Cem. Date Sept. 12, 1936

19. UNDERTAKER John C. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

FILED 11 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to Sept 10, 1936
last saw h[illegible] alive on Sept 9th 1936 Death is said to have occurred on the date stated above, at 7.20 am

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset June 29 1936

Other contributory causes of importance:

Apoplexy — Date of onset June 29 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Reinard M. D.

(Address) 3201 St. Paul St.

M. D. B. 1268-9

F 27207

27207 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore St., (or) Ward) Spec. Hosp.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Tate

(a) Residence: No. 4305 Chatham Road St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			5 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Herbert Tate

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Beulah Adler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Tate R.N. (Address) Spec. Balt. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 9-11- 1936

19. UNDERTAKER Jack Levy & Son (Address) 1936 E Baltimore St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1936 to Sept. 11, 1936

I last saw her alive on September 11, 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

27208 F 27208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Mercy Hospital 13 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 48 yrs. 0 mos. 0 ds.

2. FULL NAME Sister Mary Perpetua Carroll Community U.S. Veteran WAR

(a) Residence: No. 5712 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 2nd 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent
10. Date deceased last worked at this occupation (month and year) 1906
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Connolly
14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Devenney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Monastery of Visitation
(Address) 5712 Roland Ave Roland Park

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Sept 12, 1936

19. UNDERTAKER Henry W. Meers & Son
(Address) 805 N. Calvert St.

Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936 to Sept 10, 1936
I last saw her alive on Sept 10, 1936 Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinoma	5 mos
Colitis	2 yrs
	over

Other contributory causes of importance:

Was an operation performed? Yes Date of May 19 1936
For what disease or injury? Exploratory abdominal
Name of operation Laparotomy Date of May 19 36
What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry F. Kane M. D.
(Address) Mercy Hosp.

27209 F 27209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 23 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mrs. Annie E. Morgan

(a) Residence: No. Woodbine, Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed.

3. If married, widowed, or divorced (or) WIFE of Levi Morgan.

DATE OF BIRTH (month, day, year) July 10, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

13. NAME John L. Dawn

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Jane Spitzler

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Mr. Manly Morgan.

(Address) Woodbine Md.

18. BURIAL, CREMATION, OR REMOVAL Co. Md

Place Mt. Olivet Cemetery Date Sept. 13 1936

19. UNDERTAKER C. H. Nalley

(Address) W. Fuller Md.

20. FILED SEP 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1. 1936. to Sept. 10. 1936.

I last saw h[illegible] alive on Sept 10. 1936. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Carcinoma of uterus, ? extensive implantations on abdominal viscera	
Other contributory causes of importance:	
Diabetes Mellitus	
Generalized arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Cotter. M. D.

(Address) University Hospital.

M. D. B 1268-9

F 27210

27210 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Jan Grimes

(a) Residence: No. Ellicott City, Howard Co., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Grimes

6. DATE OF BIRTH (month, day, year) Jan 1, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. pt 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Thom Fields

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Fuller

(Address) Catonsvill Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ellicott City Md Date 9-14 1936

19. UNDERTAKER J C Higinbotham & Son

(Address) Ellicott City Md

FILED 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Crellin M. D.

(Address) 2737 Kirk Ave Coroner

F 27211

7211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes Hosp. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave 5-2 St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Eickhoff If U. S. Vet. specify WAR Mother Regular

(a) Residence: No. 431 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE OF Theodore Eickhoff

DATE OF BIRTH (month, day, year) Feb 16th 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME August Schmidtman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Engle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT W. H. Schmidtman

(Address) Germany

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 12th 1936

19. UNDERTAKER W. S. Cook

(Address) 1217 St Paul St

20. FILED 2 1936 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12 1936 to Sept. 10, 1936

I last saw h— alive on Aug. 10, 1936 Death is said to have occurred on the date stated above, at 12 35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease.	1928
Cardio-Vascular Failure.	9/8/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. L. Llewelyn M. D.

(Address) St. Agnes Hospital

F 27212

27212 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Carlisle Ave Ward 5-8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify Wars No Record

2. FULL NAME Anna R. Townsend

(a) Residence: No. 3409 Carlisle Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of Charles Townsend

7. DATE OF BIRTH (month, day, year) Feb 24th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Richard Taylor

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Ellen Norris

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Charles T. Townsend

(Address) 3409 Carlisle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 12th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Sept 12 1936 Huntington Pilliguer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936 to Sept 10, 1936

I last saw h[illegible] alive on Sept 9, 1936 Death is said to have occurred on the date stated above, at 1150 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Sept 1936
Other contributory causes of importance: Senility, Senile Pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Martin L. Strocker M. D.

(Address) 506 N Fulton ave

F 27213

27213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Aged of M.E. Church, St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emily Owings

(a) Residence: No. 2211 Rogers Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode) 70 years

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE OF Henry Owings

7. DATE OF BIRTH (month, day, year) Sept 30th 1848

8. AGE Years	Months	Days	If less than 1 day, hrs. or min.
87	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME Samuel Wood

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Birckhead

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 12th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

2 1936 Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936 to Sept 10 1936

I last saw h.r alive on Sept 10 1936 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	

Other contributory causes of importance:

Senility

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave.

F 27214

Spec.—1-12-23—M&T—500 Blks.

27214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 107-a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 Division St., 14-2 WARD)

2-FULL NAME Norman Davis

(a) RESIDENCE NO. 2145 Division ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Baby

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Jan 5 1936

8 AGE — Years: — Months: 8 Days: 5 If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

11 NAME OF FATHER: Wm Davis

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md

13 MAIDEN NAME OF MOTHER: Della Brinkley

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Wm Davis

(Address) .....

Filed Sept 2 1936 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10 1936

17 I HEREBY CERTIFY, That I attended deceased from Sept 9 1936 to Sept 10 1936

that I last saw h... alive on Sept 10 1936

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) W. J. Coleman, M. D.

(Address) 2039 No Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: Sept 12 1936

20 UNDERTAKER: Archibald G. Geddis

ADDRESS: 2218 Eutaw Pl

27215 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27215

CERTIFICATE OF DEATH ✓ 107-W 12698 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? 72 yrs. mos. ds.

2. FULL NAME Frank Schnapp

(a) Residence: No. 113 W. Mulberry St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbare ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT B. C. H. Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 12 1936

UNDERTAKER Leonard J. Peach

(Address) 930 S Hanford St

FILED 2 1936 Huntington Hilligoss

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1924 to 9-10, 1936

I last saw him alive on 9-10, 1936 Death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-6-36
Other contributory causes of importance: Arteriosclerosis	Unk

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Kenny M. D.

(Address) Baltimore City Hospitals

F 27216

27216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N. Carey St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Rice

(a) Residence: No. 1317 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	R.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Rice

DATE OF BIRTH (month, day, year) 1855

AGE	Years	Months	Days	If LESS than 1 day... hrs. or ...min.
	81	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Rebecca Rock

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Marie Minor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Albertus Rock
(Address) 1317 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Co Va Date Sept 13 1936

19. UNDERTAKER J. A. Brooks
(Address) 1463 N. Carey St.

20. FILED Sept 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/15/36 to 9/13/36, 19 I last saw her alive on 9/8/36, 19 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Hem. Lung
Ascites

Other contributory causes of importance:

Tuberculosis from the Lungs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Selig, M. D.

(Address) 707 Madison Ave.

1936

M. D. B. 1268-9

7217

F 27217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Dolphin St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth T. Douglas

(a) Residence: No. 307 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Malcolm Douglas

6. DATE OF BIRTH (month, day, year) Dec. 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) April, 1936

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Hammond's Run Md.

FATHER

13. NAME Wilson Townsend

14. BIRTHPLACE (city or town) (State or country) Hammond's Run Md.

MOTHER

15. MAIDEN NAME Mary Robey

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT Malcolm Douglas

(Address) 307 Dolphin St.

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Green Mount Cem. Date Sept. 14, 1936

19. UNDERTAKER John C. Mitchell & Bro. Inc.

(Address) 1921 Eutaw Place

SEP 21 1936 Huntington Ave. R...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to Sept. 10, 1936

I last saw h~~er~~ alive on Sept. 12, 1936. Death is said to have occurred on the date stated above, at 3:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Uremia	Sept. 8, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Ballard M. D.

(Address) 707 E. Fort Ave.

F 27218

81 7996
27218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. X 72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 St., 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick A. Cadden

(a) Residence: No. 204 S. Broughton St., Ward. Orangeburg S. Car.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harriet -

7. DATE OF BIRTH (month, day, year) 12/4/64

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker & Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car -

13. NAME OF FATHER John Cadden

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Marie Kat-John

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pearas -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Orangeburg S.C. Date Sept 13 1936

19. UNDERTAKER John D. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED Sept 14 1936 Washington Nilliams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1936 to Sept 11, 1936

I last saw him alive on Sept 11, 1936. Death is said to have occurred on the date stated above, at 4 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myelogenous Leukemia	Jan 1936
Perforated Duodenal Ulcer	Sept 1936

Other contributory cause of importance:

General Peritonitis	Sept. 10 1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Blount M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 27219

27219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital — Registered No. V-186-a

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Augusta Marks — If U. S. Veteran specify WAR ...

(a) Residence: No. 21 Pearl St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Marks

6. DATE OF BIRTH (month, day, year) May 17 1855

7. AGE: 81 Years | 3 Months | 2 Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Augustus Stockhoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Marks (Address) 609 E 41 St.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cemetery Date Sept 14 '36

19. UNDERTAKER George L. Ahearn (Address) 2101 Frederick Ave

Huntington Williams, Registrar

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 11 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Pneumonia Lobar (f)	
Fracture of Hip	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 8/21/36

Where did injury occur? 21 Pearl St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yard Home

Manner of injury Fall in back yard

Nature of injury Broken Hip

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) C Olsen, M. D. Coroner

(Address) 1216 Hanover

F 27220

7220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 349-958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Walley

(a) Residence: No. 207 W. 24th Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	unknown

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Henry

DATE OF BIRTH (month, day, year) 12-25-1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	38	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife (no?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Date Sep 12 1936
Place Rubber Cemetery

UNDERTAKER Adolphus Holbas
(Address) 9 S Eden Street Baltimore

Huntington Williams, M.D.

FILED
2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1936 to 9-9, 1936

I last saw her alive on 9-9, 1936 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset?
Hypertensive Cardio-renal Dis.	2 mos?
	over

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Kenny M. D.
(Address) Baltimore City Hospitals

M. D. B 1268-9

F 27221

27221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Abraham St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irma Smith

(a) Residence: No. 906 Abraham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME Emanuel Smith

14. BIRTHPLACE (city or town) (State or country) Towson Md

MOTHER

15. MAIDEN NAME Augustus Mack

16. BIRTHPLACE (city or town) (State or country) Towson Md

17. INFORMANT Augustus Mack
(Address) 1010 W. Cullen St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 9-12 1936

19. UNDERTAKER Robert H. Armiger & Knight
(Address) 118 N. Eutaw St

Filed 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest, find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation Embolism	Sept 10 1936
	Sept 8

Other contributory causes of importance: Pregnancy (State Birth) 1st Stage Labor 3 hr

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Heaters Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George S. Allen Coroner M. D.

(Address) 55 E. Lexington St.

F 27222

M. D. B 1268-9.

27222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13-3 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 13-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Harper

(a) Residence: No. 2532 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Marion Harper

6. DATE OF BIRTH (month, day, year) Oct. 15, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	11 10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Chas. Mooney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Octavia Braxton

(Address) 2532 Druid Hill ave.

18. BURIAL, CREMATION, OR REMOVAL

Place West Cathedral Cem. Date Sept 12 1936

19. UNDERTAKER Archibald C. Haddis

(Address) 2101 McCulloh St.

Filed Sept 12 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North ave

Spec.—2-29-28—L. F. S.—500 Bks.

27223

F 27223

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3802 old York ST., 9-1 WARD)

2—FULL NAME Eliza Wilmerton Peed

(a) RESIDENCE NO. 3802 old York Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A Peed

DATE OF BIRTH (month, day, and year) Dec. 3 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER William Perkins

11 BIRTHPLACE OF FATHER (city or town) Harpers Ferry

(State or country) West Virginia

12 MAIDEN NAME OF MOTHER Eliza Booth

13 BIRTHPLACE OF MOTHER (city or town) England

(State or country)

Informant Husband

(Address)

Filed 1936, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1936

17 I HEREBY CERTIFY, That I attended deceased from August, 1936, to Sept 10, 1936,

that I last saw h.e.R alive on Sept 10th, 1936

and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardiovascular Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. V. D. Wack, M. D.

, 19 (Address) 513 E. 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept. 14 19 36

20 UNDERTAKER Wm J. Tuckerman Sons

ADDRESS W Balto

F 27224

27224 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

J 92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5237 (Street) Reisterstown Rd (Ward) 18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward F. White.

(a) Residence: No. 5237 Reisterstown Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed or divorced HUSBAND of (or) WIFE of Helen R. White.

DATE OF BIRTH (month, day, year) Aug. 1, 1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hinsdale N.Y.
13. NAME Henry K. White
14. BIRTHPLACE (city or town) (State or country) Mass.
15. MAIDEN NAME Sarah Jane Smith
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT Mrs Edith L. Yates
(Address) 180 Nassau Blvd Garden City L.I.
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Sept 12 1936
19. UNDERTAKER Wm Pickrum Sons
(Address) North & Paca.
20. FILED 1936 Registrar 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1936 to 9/10 1936
I last saw him alive on 9/7 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac arrhythmia, Uremia	Dyed Yrs
Mitral regurgitation	June
Other contributory causes of importance:	Hiday

Was an operation performed? No Date of .....
For what disease or injury? No
symptoms
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
How specify

(Signed) Henry Harrell M. D.
(Address) 6902 Greenwood Rd

11451

F 27225

27225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Robinson

(a) Residence: No. 1613 Lorman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie (Deceased)

DATE OF BIRTH (month, day, year) 3-5-1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Fleming (Deceased)

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary West (Deceased)

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Records
(Address) Mt Auburn Cemetery

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 9/14/ 19 36

UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

FILED 2 1936 Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10 19 36

22. I HEREBY CERTIFY, That I attended deceased from 12-31 19 35 to 9-10 19 36

I last saw him alive on 9-10 19 36 Death is said to have occurred on the date stated above, at 8:21 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1931
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in publir place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M.D.

(Address) Baltimore City Hospital

F 27226

27226 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 3307 Bloomingdale Road St., 15-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH A. REITER

If U. S. Veteran specify WAR.....

(a) Residence: No. 3307 Bloomingdale Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine E. Reiter

DATE OF BIRTH (month, day, year) April 22nd, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Nicholas E. Reiter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Koehler

16. BIRTHPLACE (city or town) (State or country) Baltimorw Md.

17. INFORMANT Mrs. Katharine E. Reiter

(Address) 3307 Bloomingdale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Sept. 15th, 1936

19. UNDERTAKER Chas R. Traynor Son

(Address) 118 W. Mt. Royal Ave.

Sept 21 1936 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11th. 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1/36, 19.. to 9/11/36, 19..

I last saw h.. alive on 8/11/36, 19.. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis liver	
Bilateral (Coxa)	
Bronchial	
Pneumonia	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas Byrne M. D.

(Address) 2025 W North Ave

M. D. B. 1268-9

F 27227

7227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter S. Smith if U. S. Veteran specify WAR .....

(a) Residence: No. 3015 Beverly Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Smith

6. DATE OF BIRTH (month, day, year) October 3, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlestown S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Smith
(Address) 3015 Beverly Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/13 19 36

19. UNDERTAKER Peter F. Connelly
(Address) 1501 East Fort

20. FILED SEP 14 1936 Registrar

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquisition find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
(Undetermined origin)	
Varices of oesophagus	

Other contributory causes of importance:
Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Paul Wheeler M. D.
Coroner

(Address) 1919 E. North Ave.

F 27228

27228 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 18-3 Ward)
Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bartley Pratt

(a) Residence: No. 867 Boyd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Pratt

DATE OF BIRTH (month, day, year) 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Jas Pratt

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Rebecca Pratt
(Address) 867 Boyd St

BURIAL, CREMATION, OR REMOVAL Tappahannock Va Sept 13 1936
(Date)

UNDERTAKER Jno F. Mitchell & Son
(Address) 818 Druid Hill Ave

[illegible] 19 [illegible] Registrar

2 1936

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1936 to Sept. 10, 1936.
I last saw him alive on Sept. 10, 1936. Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	
Other contributory causes of importance: Bronchial Pneumonia	
Acute Cardiac Failure	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify .....

(Signed) H. H. Habermann, M. D.
(Address) Vincent, Hadfield

27229 F 27229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Bayard St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henrietta Topp

(a) Residence: No. 1017 Bayard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Conrad Topp.

7. DATE OF BIRTH (month, day, year): Jan 7, 1867

AGE: Years 69 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: ——

12. BIRTHPLACE (city or town) (State or country): Memphis Tenn.

13. NAME: August Zornmayer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Susanna Novatka

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs Elizabeth Yeiglein

(Address) 1017 Bayard St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Cemetery 9/14 1936

19. UNDERTAKER: John T Edwards & Son.

(Address) 1901 Hollins St

19 36 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1933 to Sept 10 1936. Sept 11, 1936

I last saw h in alive on ..... 19 36. Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1933
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1934

For what disease or injury? Carcinoma of breast

Name of operation Amputation of breast Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore E. Stacy, M. D.

(Address) 3803 Edmondson

21936

✓ F 27230

27230 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Washington Blvd St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Fredia Schwartz

(a) Residence: No. 1211 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwd J Schwartz

DATE OF BIRTH (month, day, year) Apr 30-1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	11 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Wm. Decker

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME amelia Brady

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Edwd J. Schwartz

(Address) 1211 Washington Boulevard

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Sept 15. 1936

19. UNDERTAKER H. C. Brauning Son

(Address) 1136 Pabor Ave

1936 Washington Blvd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936 to Sept 11, 1936

I last saw h&R alive on Sept 10, 1936 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

myocardial fibrosis — Date of onset ?

essential hypertension — ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert J. Glass M. D.

(Address) 876 Washington Blvd

27231 ✓ F 27231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence In city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Gladys Delk
(a) Residence: No. 644 West Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year)
AGE: Years 6; Months; Days; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. 9/13, 1936
19. UNDERTAKER R. C. Richardson & Co.
(Address) 1120 Linden Ave
20. FILED 9/13/36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.11, 1936
22. I HEREBY CERTIFY, That I attended deceased from 8.14, 1936 to 9.11, 1936
I last saw her alive on 9.11, 1936 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9.7.36
Chronic nephritis (rt. kidney) Congen. absence of left kidney	5 mo. approx.

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. W. Jackson M. D.
(Address) 608 N. Arlington

131628

F 27232

F 27232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 157-a

CITY OF BALTIMORE: (No. 7-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cleary, Ivan C.

(a) Residence: No. Churchville, Md St., Ward. U. S. A.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 23 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Ivan Cleary

14. BIRTHPLACE (city or town) (State or country) Alleghany Co. N. C.

15. MAIDEN NAME Ruth Jennings

16. BIRTHPLACE (city or town) (State or country) Grayson Co Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Harford Co., Md Date Sept 14 36

19. UNDERTAKER H. S. Bailey
(Address) Harlington, Md.

20. FILED 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Sept 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1936 to Sept 12 1936

I last saw h alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus, congenital — Date of onset May 36

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/12/36

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) John Hopkins Hospital

F 27233 ✓ F 27233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 B

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Davis

Spanish Amer. War Vet.

(a) Residence: No. 1427 Mt. Royal Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE~~ of Mary Davis

DATE OF BIRTH (month, day, year) Oct. 30, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10 ~~10~~ 9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver 0086

9. Industry or business in which work was done, as silk ~~mill~~, saw mill, bank, etc. Woodlawn Glass Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Woodbury N.J.

13. NAME Wm Harper Davis

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME Isaac M. Catlett

16. BIRTHPLACE (city or town) (State or country) N.J.

INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL

Place Lakewood N.J. Date Sept 14th 1936

UNDERTAKER William Cook

(Address) 1217 St Paul Street

SEP 13 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11 1936

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1936, to September 11, 1936

I last saw him alive on September 11, 1936. Death is said to have occurred on the date stated above, at 4:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	11-35
Cirrhosis of liver, atrophic, early	Unknown
Pneumonia, hypostatic	9-10-36
Other contributory causes of importance:	
Malnutrition	2 mos.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. Anderson M. D.

(Address) U.S. Marine Hospital

SEP 13 1936

Registered in Baltimore, Md.

F 27234

27234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 2.

2. FULL NAME Maurice H. Coady

(a) Residence: No. 1702 Thames St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinest

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. G. Clark
(Address) 1727 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 14th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

SEP 13 1936 Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	
Probably Valvular Disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner, M. D.

(Address)

F 27235

F 27235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2214 Eutaw Place St., 13-3 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Capt. Wm H. Hudson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2214 Eutaw Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Elizabeth Hudson

7. DATE OF BIRTH (month, day, year) April 18th 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President 1086

9. Industry or business in which work was done, as ~~fill~~, saw mill, bank, etc. Tolchester S. S. Co

10. Date deceased last worked at this occupation (month and year) 9/5/36

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Bridgeport N.Y.

13. NAME John Hudson

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Frank Hutter

(Address) 3601 Cedardale Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 14th 19 36

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul St

Baltimore, Md.

20. FILED SEP 13 1936 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1935 to Sept. 10, 1936

I last saw h.. alive on Sept. 16, 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	1935
Hypertension	1935
Uremic Coloros	1935
Other contributory causes of importance: Coronary thrombosis	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) R. A. Michaelsen M. D.

(Address) 2230 Eutaw Pl.

81 84/36 27236 ✓ F 27236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paulette Crumlich

(a) Residence: No. 14 Kinship Rd. St., ... Ward. Homeland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/5/22

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry Crumlich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lucie Mouneau

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 14th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

SEP 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1936 to Sept 12 1936

I last saw her alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 12 28 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	May 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/12/36

For what disease or injury?

What test confirmed dingnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

3 1936

Infant Stern

✓ F 27237

27237 HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Stern

If U. S. Veteran specify WAR .....

(a) Residence: No. 2024 N. Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept. 11, 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			18 hrs. or 15 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sinai Hospital

13. NAME Harry Stern

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Sara Rita Barr

16. BIRTHPLACE (city or town) (State or country) Hamilton, Ontario, Canada

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 9/13/36

19. UNDERTAKER Stack Funeral Home

(Address) 1432 E. Baltimore St

20. FILED Langston Hutchinson M.D. Registrar

SEP 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1936, to Sept. 17, 1936

I last saw him alive on Sept. 12, 1936 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
? Congenital Atelectasis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Sinai, M. D.

(Address) Sinai Hospital.

✓ F 27238

F 27238 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Whitelock St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Brickman

(a) Residence: No. 2304 Whitelock St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloak Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Robert Brickman

(Address) 2304 Whitelock

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9/15/36

19. UNDERTAKER Jacob Levin Sons

(Address) 1639 E. Baltimore St.

EP 13 1936 Eastern Pharmacy, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26 1936 to Sept 12 1936

I last saw him alive on 9/12 1936 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery disease 945	1933
Other contributory causes of importance:	aver

Was an operation performed? Yes Date of May 1936

For what disease or injury? Obstruction hydronephrosis Prostate resection

Name of operation Prostate resection Date of July 26 1936

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morton Brickman M.D.

(Address) 2904 Reisterstown Rd

✓ F 27239

27239 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 15-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Max Terlitzky

(a) Residence: No. 3818 Reisterstown Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Terlitzky

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jesse Terlitzky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9/13/36 19

19. UNDERTAKER Levy Bros Inc
(Address) 1424 E Baltimore St

20. FILED SEP 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1936, to 9-12, 1936

I last saw him alive on 9-12, 1936. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary thrombosis	9-7-36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Alfred S Silverman, M. D.
(Address) Sinai Hospital

M. D. B 1268-9

✓ F 27240

27240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Antal ☐ U. S. Veteran specify WAR.....

(a) Residence: No. 913 N. Duncan St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Antal

6. DATE OF BIRTH (month, day, year) Sept 6 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewer 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Julius Antal

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Pziler

(Address) 62 Martel Ave. Dundalk, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cemetery Date Sept 14. 1936

19. UNDERTAKER Frank Leach Son

(Address) 1906 Eastern Ave

20. FILED SEP 13 1936 E. Lee Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Sept 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrochloric acid poisoning	
Carbon monoxide poisoning (Illuminating gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/10, 1936

Where did injury occur 913 Duncan St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed hydrochloric acid

Nature of injury & burned mouth & throat

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schaefer M. D. Coroner

(Address) 1912 E. North Ave.

27241

✓ F 27241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 E. North Ave. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Gebhardt

(a) Residence: No. 1750 E. Preston St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm Gebhardt

DATE OF BIRTH (month, day, year) March 22, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Gerstenberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Shannon

(Address) 1828 E. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept 14, 1936

19. UNDERTAKER J. Henry Lutz

(Address) 1203 N. Broadway

SEP 13 1936

(Signature of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 3 1936 to September 11, 1936.

I last saw her alive on September 11, 1936. Death is said to have occurred on the date stated above, at 10:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
~~Carcinoma Ovaries~~	
~~Hypertrophic Prostate~~	
Other contributory causes of importance:	
Cerebral Hemorrhage	
Hypertrophic Prostate	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Whelan M. D.

(Address) 1919 E. North Ave.

F 27242

F 27242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4121 Falls Road St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael J. Peddington

(a) Residence: No. 4121 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John F. Peddington

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Bridget Ford.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Patrick F. Peddington

(Address) 3224 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Date 9/17/36 1936

19. UNDERTAKER Frenaye & Son

(Address) 3615-17 Chestnut Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1936 to Sept 11 1936

I last saw h[illegible] alive on Sept 11th 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset Apr. 1936
Myocardial Degeneration
Hypertensive Heart Disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. W. Fellers, M. D.

(Address) 900 W. 37th St.

V F 27243

7243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 256 E. Randall St. 23-26 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Carroll

(a) Residence: No. 256 E Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lula Carroll

DATE OF BIRTH (month, day, year) June 17, 1874

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packers

10. Date deceased last worked at this occupation (month and year) Sept. 4, 1936

11. Total time (years) spent in this occupation 10 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John J. Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth J. Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Capt. John J. Carroll

(Address) 3608 Fleetwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 14 1936

UNDERTAKER A. Rapaid Evans

(Address) 1400-02 W. Baltimore St.

FILED SEP 31 1936

Washington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19th 1936 to Sept 10th 1936

I last saw him alive on Sept 9th 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis chronic interstitial nephritis — Date of onset 3/19/35

Other contributory causes of importance: Uraemia — 9/4/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M.D.

(Address) 1224-26 Hanover St

M. D. R. 1968-9

✓ F 27244

27244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave St. 25-1 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Sandman

(a) Residence: No. Old Poling Rd., Roly. Md St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Sandman

DATE OF BIRTH (month, day, year) Oct. 19, 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assessor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Bernard Sandman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elena Wernekes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hospt

(Address) 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Augustine Cem. Date Sept. 16 1936

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED SEP 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to September 13, 1936

I last saw h. alive on Sept. 11 1936 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal Disease with hypertension	1931
Congestive Heart Failure	1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Signed + Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Daniel G. Wehner M. D.

(Address) St Agnes Hospital

M. D. B 1268-9

F 27245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27245

94-B

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Sidney Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Harry Creager.

(a) Residence: No. 2108 Sidney Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~XXXXXX~~ Elizabeth Creager.

6. DATE OF BIRTH (month, day, year) May 24, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Creager.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Ann ----------

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Emma Stansbury. (niece)
(Address) 4000 S. 9th St Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL.
Place Western Date Sept. 14, 1936

19. UNDERTAKER C. Richard Fleming
(Address) 613 Homestead St.

20. FILED ... 19... Registrar

131936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	
Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. ...

(Signed) Otto M. Reinhardt M. D.
Coroner

9/11/36 (Address) 1017 S. Charles St.

M. D. B 1265-9

F 27246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Chestnut Hill Ave St., 9-3 Ward)

Length of residence in city or town where death occurred 3½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tillie Berman

(a) Residence: No. 501 Chestnut Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Jacob Berman

6. DATE OF BIRTH (month, day, year) Sept. 25 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Russia

FATHER

13. NAME Morticai Melitz

14. BIRTHPLACE (city or town) ..... (State or country) Russia

MOTHER

15. MAIDEN NAME Fay Caplan

16. BIRTHPLACE (city or town) ..... (State or country) Russia

17. INFORMANT Irving E. Berman
(Address) 501 Chestnut Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date Sept 14 1936

19. UNDERTAKER Sol Funkenstein Bros
(Address) 1112 E Baltimore St

20. DATE 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Ahrenberg M. D.
Coroner

(Address) 1919 E. North Ave.

F 27247 ✓ F 27247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1920 E. 31st. St. 4-6 Ward)

Length of residence in city or town where death occurred 28 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Justus.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1920 E. 31st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Justus.

DATE OF BIRTH (month, day, year) June 6-1858.

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	78	7	17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Lumber Yard

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Adam Justus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothea Kunst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Fred. Emrich

(Address) 1920 E. 31st. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept 10. 1936

19. UNDERTAKER John Ulrich

(Address) 2008 Greenmount Ave

20. FILED Huntington Whitaker, M.D.

SEP 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12th. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st. 1935 to Sept. 12th. 1936

I last saw him alive on Sept. 11th. 1936 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1931
Chr. Myocarditis	1933
Cerebral Hemorrage	June 1- 1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

27248 V E 27248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 Clifton Park St. Ward) 7th E-1

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Celia Myers

(a) Residence: No. 3030 Clifton Park Ter. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of B Franklen Myers

DATE OF BIRTH (month, day, year) July 31 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W of H

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Robert Lafferty

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Catherine Sedenotuber

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Leroy Meyers

(Address) 3030 Clifton Park.

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Sept 12 1936

UNDERTAKER ~~Balto Cem~~

(Address) John Tilbert 2008 Orleans

FILED Sept 14 1936 E. Williams, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11 1936

22. I HEREBY CERTIFY, That I attended deceased from August 2 36 to September 11 1936

I last saw her alive on September 11 1936 Death is said to have occurred on the date stated above, at 12 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortex Diseased Frequency	1 Year
Cerebral Hypertension	20
Chronic Interstitial Nephritis	
General Arteriosclerosis	
Other contributory causes of importance:	
Cardiac Dilatation	3 days
Uremia	ago

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Albert Rosenberg M. D.

(Address) 2025 E North Ave

F 27249

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27249

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Byrd St. St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia May Stewart

(a) Residence: No. 1522 Byrd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 26 1936

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Onnie T. Stewart

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Marjorie Hoover

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Onnie T. Stewart
(Address) 1522 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lod Hill Date 9/14 19 36

19. UNDERTAKER J. F. McCally
(Address) 1201 E Fayette

FILED ..... 19.... Registrar.

SEP 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1936 to Sept 11 1936
I last saw her alive on Sept 10 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleo Colitis	Sept 10 '36
Other contributory causes of importance: Exhaustion	Sept 11 '36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

9/17/36 (Signed) R. L. Campbell M. D.
(Address) 1644 Hanover St

F 27250

F 27250 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 5-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Wallace

(a) Residence: No. 611 Ensor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 15, 1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress in R.O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 9/20/36

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

13. NAME OF FATHER Andrew Klappa

14. BIRTHPLACE (city or town) (State or country) Austria Germany

15. MAIDEN NAME OF MOTHER Elizabeth Smalling

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Andrew Klappa

(Address) Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL Mary's Cemetery Cleveland 9/13 1936

19. UNDERTAKER Edwin W. Conklin

(Address) 924 E. Eager St

20. FILED 9 14 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-4 . 1936, to 9-12-36 . 19

I last saw her alive on 9-12 . 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

toxic hepatitis probably due to alcoholism — Date of onset ?

Other contributory causes of importance:

bronchopneumonia, type undetermined — Date of onset 9-11

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

F 27251

F 27251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 East 41st St. St. 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F. Bell

(a) Residence: No. 508 East 41st. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizebeth Bell

6. DATE OF BIRTH (month, day, year) Jan. 26, ~~1936~~ 1836

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William W. Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Caroline Bandel

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs. Elizebeth Bell

(Address) 508 East 41st. St. City

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date Sept. 14, 19 36

19. UNDERTAKER Geo. A. Smith

(Address) 1900 Eutaw Place, City

20. FILED ..... 19 .....

SEP 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to Sept. 10, 1936

I last saw him alive on Sept. 10, 1936 Death is said to have occurred on the date stated above, at 11.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Sept 7, 1936

Other contributory causes of importance:

Hypoacarditis and Chronic Nephritis — Chronic

Name of operation — Date of —

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm. M. Pamebaker M. D.

(Address) 2740 St. Paul St. City

M. D. B 1268-9

27252

F 27252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S Caroline St., 3-1 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred Williams

(a) Residence: No. 221 S Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Williams

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

13. NAME Martha Mitchell

14. BIRTHPLACE (city or town) (State or country) Ga

FATHER

15. MAIDEN NAME Sara Randle

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Sarah Randle Philadelphia Pa

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Sept 14 1936

19. UNDERTAKER Edw Bryan 1641 Orleans st

(Address)

20. FILED 19 Sept 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the (Inquest & Autopsy) and from the evidence obtained by (Inquest, Autopsy or Inquest & Autopsy) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Bullet Wound of heart — Date of onset Sept 8 1936

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Sept 8 1936

Where did injury occur? 221 S Caroline St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot wound of abdomen (Pistol shot)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S Allen M. D.

(Address) S O Cor Eutaw & Lanvale sts

F 27253

F 27253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Merson

(a) Residence: No. 314 S. Castel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Merson

6. DATE OF BIRTH (month, day, year) Oct. 21, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	55	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Schenski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kathelin Smith
(Address) 314 S. Castel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept 15, 1936

19. UNDERTAKER Math. F. E. Keppel
(Address) 37 S. Ann St.

20. FILED SEP 14 1936 Clayton Killmon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
Diabetis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. F. C. Hodgen M. D.
Coroner

(Address) 2757 W. North Ave.

F 27254

7254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2947 St. Paul St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Cooley Bassett

(a) Residence: No. 2947 St. Paul St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wesley Bassett

7. DATE OF BIRTH (month, day, year) Mar. 23, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dubuque, Iowa

13. NAME Dennis Cooley

14. BIRTHPLACE (city or town) (State or country) Sugar Hill, New Hampshire

15. MAIDEN NAME Clara Aldrich

16. BIRTHPLACE (city or town) (State or country) Chester, Vermont

17. INFORMANT Miss Mary Jeannette Bassett

(Address) 1947 St. Paul St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Linwood Cem. Date Sept. 15, 19 36

Via B. & O. R. R. Dubuque, Iowa

19. UNDERTAKER John J. Denny

(Address) 715 Light St.

FILED SEP 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936 to Sept. 12, 1936

I last saw h[illegible] alive on Sept 12 1936 4.10 p. m. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pertussis disease — Date of onset 1933

Other contributory causes of importance:

Bronchopneumonia — 6 days

Was an operation performed? No — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. E. Jones M. D.

(Address) 720 N. Howard St.

M. D. B 1268-9

Cayce

F 27255 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27255

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-4 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Evelyn J. Cayce

(a) Residence: No. Jones Rd. Carney St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 5 1920

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
16	0	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housegirl none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Chas. A. Cayce

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Annie C. Young

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

17. INFORMANT Chas. A. Cayce
(Address) Jones Rd. Carney, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Madonna Park. Date 9/17/36

19. UNDERTAKER Gilbert W. Tracy
(Address) 4411 Harford Rd.

SEP 14 1936 19 Washington D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	1936

Other contributory causes of importance: —

Was an operation performed? No Date of ....

For what disease or injury? —

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Paul Schreyer, M. D. Coroner

(Address) 1919 E. North Ave.

27256

F 27256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5413 Knell Ave. St., 36-1 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph George Baker

(a) Residence: No. 5413 Knell Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Baker

DATE OF BIRTH (month, day, year) Sept. 25, 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beer

10. Date deceased last worked at this occupation (month and year) Nov. 23, 1935

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Harry Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Agnes Roth

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Baker,
(Address) 5413 Knell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept. 17 1936

19. UNDERTAKER Frederick Lansdowne
(Address) 7401 Belair Road

20. FILED Sept 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 12:30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Other contributory causes of importance: Uremia	

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1914 E. North Ave.

F 27257

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27257

92-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Grindon Ave. north of Hamilton Ave. St., 24 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fredericka J. Wolf

(a) Residence: No. Grindon Ave. north of Hamilton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles M. Wolf

DATE OF BIRTH (month, day, year) Aug. 29, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wuttenberg, Germany

13. NAME Gottlieb Lillich

14. BIRTHPLACE (city or town) (State or country) Wuttenberg, Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wuttenberg Germany

17. INFORMANT Mr. Wolf,
(Address) Grindon Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date Sept. 15, 1936

19. UNDERTAKER Frederick Lassahn
(Address) 7401 Belair Road

(Filed) SEP 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31st, 1936 to Sept 12, 1936

I last saw her alive on Sept 12, 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Chronic Valvular Heart	?
Other contributory causes of importance:	
Uremia	
Pleurisy	8/31/36

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ , 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed) C. V. Meyer D [illegible] M. D.

(Address) 1520 E. 33rd St

F 27258 **HEALTH DEPARTMENT—CITY OF BALTIMORE** P 27258

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Armaah ave St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Amanda Scott

(a) Residence: No. 2311 Armaah ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Winfield Walter Scott.

DATE OF BIRTH (month, day, year) December 15-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) May - 1 - 1926

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Mt. Pleasant
(State or country) Pennsylvania.

13. NAME Wm Hankins

14. BIRTHPLACE (city or town) Dauphin Co.,
(State or country) Pennsylvania.

15. MAIDEN NAME Katherine Seidel

16. BIRTHPLACE (city or town) Lucks Co.
(State or country) Pennsylvania

17. INFORMANT Stella Scott;
(Address) 2311 Armaah ave.

18. BURIAL, CREMATION, OR REMOVAL
Place U & R Pa Date 9. 15/36 19

19. UNDERTAKER J. J. Dolan & Son
(Address) 1318 Light St.

20. FILED SEP 14 1936 19 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from February 24 - 1936 to September 12 - 1936

I last saw h.. alive on September 12 - 1936 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1-1-36
Other contributory causes of importance:	
none	—

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Chester Reland M. D.

(Address) 2532 Edmondson Ave.

27259 F 27259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-3 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Purvey

(a) Residence: No. 2112 - Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordia Harper

DATE OF BIRTH (month, day, year) Dec. 6, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur, Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Steven Purvey

14. BIRTHPLACE (city or town) (State or country) Calvert County Md.

15. MAIDEN NAME Cora Lowe

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Sept 14, 1936

19. UNDERTAKER Archibald A. Stadler
(Address) 2101 Mc Culloh St. Huntington Wellness, MD

19 D. 13 Registrar.

14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1936 to Dec. 16 1936

I last saw him alive on Dec. 11, 1936. Death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Encephalitis (Lingle)	8/30/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Salmon, M. D.
(Address)

Bonomo F 27260

27260 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 502 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Bonomo

(a) Residence: No. 432 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 5, 1915

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) August, 1936

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Joseph Bonomo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Carmilla Pellegrino

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 16, 1936

19. UNDERTAKER Frank V. Pipetone
(Address) 2018 E. Balto St.

20. FILED SEP 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 12, 1936

I last saw him alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic heart disease with mitral & aortic insufficiency & stenosis	1929
2. Acute bacterial endocarditis	8/29/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George D. Seeley, M. D.

(Address) Mercy Hospital

F 27261

27261 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 N. Bond Street St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Murphy

(a) Residence: No. 1444 N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. Murphy

6. DATE OF BIRTH (month, day, year) May 3rd, 1868

7. AGE Years	Months	Days	If LESS than 1 day hrs.
68	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Daniel McDonald

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Bridget Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Annie Byrd (Daughter)

(Address) 1444 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Sept. 16, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

Sept 14 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1936, to 9-13, 1936

I last saw her alive on 9-13, 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstinal Nephritis	6-1-36
Other contributory causes of importance: Myocardial Insufficiency	9/1/x

Was an operation performed? Now Date of

For what disease or injury? Now

Name of operation Now Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury No, 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Daniel Miller, M. D.

(Address) 1500 N Broadway

A&Co. 5-31 250B

27262 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27262

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2109 Etting St. 14-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Purnell W. Ridgeway

(a) Residence: No. 2109 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) March 9, 1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as stk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Albert E. Ridgeway

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Annie M. Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert E. Ridgeway
(Address) 2109 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 14 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

FILED SEP 14 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1936 to Sept 12 1936

I last saw him alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Entero Colitis	?

Other contributory causes of importance:

Inanition

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) S B Hughes M.D.

(Address) 1443 Druid Hill Ave

M. D. B. 1268-9

F 27263

F 27263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 McMechen St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Dustin Blake

If U. S. Veteran specify WAR .....

(a) Residence: No. 336 McMechan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) June 6 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) British West Indies Islands

FATHER

13. NAME James Blake

14. BIRTHPLACE (city or town) (State or country) British West Indies Island

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Willard Davis

(Address) 645 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 14, 1936

19. UNDERTAKER Mr. Katie R. Williams

(Address) 322 S Schroeder St.

20. FILED SEP 14 1936 Huntington Pittman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Faser M. D.

Coroner

(Address) 1215 Hanover St

✓ F 27264

27264 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Rose St. St. 1-3 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Philip Ehrbacker. (Backer)

(a) Residence: No. 612 S. Rose St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Ehrbacker.

DATE OF BIRTH (month, day, year) Jan. 31/1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Ehrbacker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eva Ehrbacker (Wife)
(Address) 612 S. Rose St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Sept. 15/36

19. UNDERTAKER Lilly & Zeiler
(Address) 403 S. Pulaski St.

20. FILED ..... 19 ..... Registrar .....

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Febr. 7, 1936 to Sept 12, 1936
I last saw h in alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 8/30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/9/36
Other contributory causes of importance:	
Chr. Arteriosclerosis	unk

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Francis Lamagna M. D.

(Address) 2431 Fait Ave

F 27265

F 27265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 n Spring St. 7-5 Ward)

Length of residence in city or town where death ~~occurred~~ Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Gough If U. S. Veteran specify WAR .....

(a) Residence: No. 609 n Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9 - 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Gough

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Gough

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Gough
(Address) 609 n Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn; Date Sept 14a 1936

19. UNDERTAKER Edward De Haas
(Address) 1210 Brantley Ave

Filed ..... 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis (Consolidation)

Date of onset Sept 7

Other contributory causes of importance: (Septicemia)

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) George L. Allen M. D.

(Address) 507 Linwood St.

27266 ✓ F 27266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 246 Sisters of the Poor. Registered No.

CITY OF BALTIMORE: (No. 120 Valley St St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Archie Mc Gregor

(a) Residence: No. 120 Valley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Scotland

13. NAME Rob Mc Gregor

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Jane Miller

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Little Sisters of the Poor

(Address) 120 Valley St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 14, 1936

19. UNDERTAKER Rita Windefeld

(Address) 914 Greenmount Ave

19D Sept 14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 — 1936 to Sept 12 — 1936

I last saw him alive on Sept 9 — 1936 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6/11/36
Other contributory causes of importance: Edema of Lungs	7/11/36

Was an operation performed? no Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North Ave

F 27267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27267

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Valley St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Fitzgerald

(a) Residence: No. 1012 Valley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairfax Co.
(State or country) Virginia

13. NAME Jeremiah Fitzgerald

14. BIRTHPLACE (city or town)
(State or country) Virginia

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Mrs. Widow
(Address) 1012 Valley Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 15 1936

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave.

20. Filed SEP 16 1936 19 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1936. to Sept. 11 1936.

I last saw h CR alive on Sept. 11 1936. Death is said to have occurred on the date stated above, at 8 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	5 yrs.
Third Cerebral Hemorrhage (Right)	3 Days
Other contributory causes of importance: Various Cerebral Hemorrhage.	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Grace E. White M. D.

(Address) 5102 Bedford Rd.

27268

F 27268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-N Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Gilbert Brannan

(a) Residence: No. 806 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen M. Brannan

DATE OF BIRTH (month, day, year) December 23, 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Bros. Restaurant

10. Date deceased last worked at this occupation (month and year) June 27, 1936

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Brannan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Alice Furlong

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Helen M. Brannan

(Address) 806 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 15 1936

19. UNDERTAKER Chas. H. Brooks

(Address) 1003 W. Baltimore St.

20. FILED SEP 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1936 to Sept. 12, 1936

I last saw him alive on Sept. 11, 1936 Death is said to have occurred on the date stated above, at 5 A m. Sept. 12, 1936

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1935
Bronchopneumonia	9/1/36

Other contributory causes of importance:

Cachexia

Was an operation performed? Yes Date of 9/1/36

For what disease or injury? Carcinoma of Lung

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dougs. H. Thomas M. D.

(Address) University Hospital Baltimore

M. D. F. 1201 27269 ✓ F 27269

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St. 16-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Regina Smith — If U. S. Veteran specify WAR .....

(a) Residence: No. 2632 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of James P. Smith

6. DATE OF BIRTH (month, day, year) December 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	52	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 207

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Joseph S. Beard

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary C. Knell

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary C. Beard
(Address) 1843 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 15, 1936

19. UNDERTAKER Ralph H. Cook
(Address) 1005 W. Baltimore St.

20. Filed SEP 17 1936 Registrar. Lexington Mitchell, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above. 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
High Blood Pressure Y Asthma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Hann, M. D.
Coroner

(Address) 1215 Hanover St.

F 27270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27270

CERTIFICATE OF DEATH

93-C

Registered No. 70-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) German Aged Home St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Louise Biesmann

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 3rd 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME of father Johann Georg Biesmann
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME of mother Anna Lohr
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Records - German Aged Home
(Address) Baltimore & Payson Sts
18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept. 15th 1936
19. UNDERTAKER Lee F. & C. Funeral Chapel
(Address) 603 N. Eutaw St.
20. FILED Sept 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept 13 1936.
I last saw her alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs
Myocardial degeneration	2 yrs.
Pulmonary edema	2 da

Other contributory causes of importance:

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Kraus M. D.
(Address) 842 W Baltimore St.

H. D. B. 1268-9
7271

✓ F 27271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2554 N. Fayette St., 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME S. Milton Derr

(a) Residence: No. 2554 N. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie G. Derr

DATE OF BIRTH (month, day, year) Aug 14 - 187[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	-	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk for 1000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) July 28 - 1936

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel B. Derr

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Virginia Ruckle

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Nellie G Derr

(Address) 2554 N. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Sept 16, 1936

19. UNDERTAKER Josiah Pyfer

(Address) 1600 N. Howard Ave

14 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1936, to 9/13, 1936

I last saw him alive on 9/12, 1936. Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Chronic Nephritis	
Similitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Bernstein M. D.

(Address) 4209 Reisterstown Rd

M. D. B. 1268-9

✓ F 27272

27272 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. 27-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Desfdene Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sybilla V. Duenzel

(a) Residence: No. 708 Desfdene Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Douglas Duenzel

DATE OF BIRTH (month, day, year) May 27 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Little Orleans Allegheny Co Md.

13. NAME Thomas Norris

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Caroline Norris

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Gertrude Hastings 708 Desfdene Road.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept 16, 1936

19. UNDERTAKER (Address) Josiah Lyter 1400 N. North Ave

Huntington Williams Reg.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to Sept 12, 1936

I last saw her alive on Sept. 12, 1936 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pyelitis	May 25, 36
Acute Broncho-pneumonia	" " "

Other contributory causes of importance:

Chronic cystitis	Jan. 36
Chronic Interstitial nephritis	1935

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

7273 F 27273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

347-107a

1. PLACE OF DEATH

Registered No. 12710

CITY OF BALTIMORE: (No. Balto. City Hospital St., 26-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Hill

(a) Residence: No. Balto. City Hospt. St., GU Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie Hill

DATE OF BIRTH (month, day, year) 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT B.C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Sept 14, 1936

UNDERTAKER Jenkins Geer Co. Inc.
(Address) 22 E. Saratoga

FILED SEP 14 1936 Registrar. 2580

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1933 to 9-9-, 1936

I last saw him alive on 9-9, 1936 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 Day
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) W. H. Howes M. D.

(Address) Balt. City Hosp.

27274

✓ F 27274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret T. Kemp

If U. S. Veteran specify WAR .....

(a) Residence: No. 3042 Guilford Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Richard V Kemp

DATE OF BIRTH (month, day, year) 1887 (May 12

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas W. Gordon

14. BIRTHPLACE (city or town) (State or country) ------ Maryland

15. MAIDEN NAME Margaret Casey

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Richard V. Kemp

(Address) 3042 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 9/16 1936

19. UNDERTAKER Henry Ulrey's Son

(Address) 805 N. Calvert St.

FILED 14 1936

ID ... Registered ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1936, to Sept 14, 1936

I last saw her alive on Sept 14, 1936 Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sept 9
Other contributory causes of importance: Cardio Vascular Renal Disease - with hypertension	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. E. Jones M. D.

(Address) Mercy Hospital

H. D. P. 1268-9

F 27275

7275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH Levindale Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Mrs. Anna Velinsky

(a) Residence: No. Belvedere & Greenspring Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank Velinsky

7. DATE OF BIRTH (month, day, year): 1871

8. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sig. Embalt

(Address): Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Hebrew Rem

Place: Date: 9-17 1936

19. UNDERTAKER: Jack Deuze Inc

(Address): 1439 E. Balto St.

1936

Clerk-mar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-30 1936 to 9-13 1936

I last saw h[illegible] alive on 9-13 1936 Death is said to have occurred on the date stated above, at 6.50 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Other contributory causes of importance:

Asthma

Ch. Bronchitis

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale

✓ F 27276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1905 — 27276 — x 47 B

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr Manfred Call

(a) Residence: No. 3211 Seminary ave. St., ... Ward. Richmond Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha

DATE OF BIRTH (month, day, year): 12-17-76

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	25 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: Manfred Call

14. BIRTHPLACE (city or town) (State or country): Maine

15. MAIDEN NAME: Sally Watt

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Sept 15 1936

19. UNDERTAKER: Wm J Tuckerson
(Address) North 1st St

20. FILED: Huntington Williams
4 1936 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from August 27. 1936 to Sept 13. 1936

I last saw him alive on Sept 13. 1936 Death is said to have occurred on the date stated above, at 830 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure.	
Carcinoma of pyloric ring.	
Total pneumonectomy, right	
9/13/36	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 9, 1936

For what disease or injury? Carcinoma of pyloric ring.

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Baines Woodhall M. D.

(Address) Johns Hopkins Hospital

F 27277

7277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 72-01

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Apperson

(a) Residence: No. Laurel, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 12, 1927

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	5	27 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Maryland

13. NAME Wm. Apperson

14. BIRTHPLACE (city or town) (State or country) Unknown Va.

15. MAIDEN NAME Emma Powell

16. BIRTHPLACE (city or town) (State or country) Unknown Md

17. INFORMANT Wm. Apperson

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date 9/17, 1936

19. UNDERTAKER Ridgley & Selby

(Address) Laurel Md.

20. 4-1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to Sept 12, 1936

I last saw him alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 1 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tympanic Abscess of mastoid	

Other contributory causes of importance:

Secondary ANEMIA

Bronchial Pneumonia.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Robinson M. D.

(Address) University Hospital

✓ F 27278

27278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N Pulaski St., 70-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie M Graham

If U. S. Veteran specify WAR .....

(a) Residence: No. 10 N Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (Write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 30 1871

7. AGE — Years 64 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER John Graham

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Mary McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jas. Graham

(Address) 10 N Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 9/25-36

19. UNDERTAKER Francis A Turley

(Address) Fulton + Fayette

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1936 to Sept 12 1936

I last saw her alive on Sept 11 1936. Death is said to have occurred on the date stated above, at 2 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage (Left)	10 day
Other contributory causes of importance: Chronic Myocarditis & Hypertension.	5 yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C C Lewis M.D. M. D.

(Address) 47 S. Fulton Ave.

27279

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27279

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 E. 23rd St., 9-8 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Leibrandsperger If U. S. Veteran specify WAR No Record

(a) Residence: No. 545 E. 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed or divorced~~ ~~HUSBAND~~ (or) WIFE of Elmer J. Leibrandsperger

7. DATE OF BIRTH (month, day, year) June 24th 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME Henry Gromis

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Isabella Snyder

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Elmer J. Leibrandsperger
(Address) 545 E. 23rd St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 15th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 15 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1930 to Sept 12 1936

I last saw h alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Nephritis	
and	
Chronic Bronchitis	
Other contributory causes of importance:	
Heart and	
Edema	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I [illegible]

(Signed) H. Stanley Grason M. D.

(Address) 3900 St Paul St Balto, Md.

3183 4 E 27280

HEALTH DEPARTMENT—CITY OF BALTIMORE

27280

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Baughman

(a) Residence: No. 946 W. Baltimore St., Ward. H & L & W

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1st 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5 17	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harry E. Baughman

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Ruth Beard

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 14th 36

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED SEP 15 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1936 to Sept 12 1936

I last saw him alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 5-35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	1 week ago
	own

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia D Edwards M.D.

(Address) Johns Hopkins Hospital

27281 HEALTH DEPARTMENT—CITY OF BALTIMORE 27281

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Aged of M. E. Church St., Ward 15

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Abbott

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2211 Rogers Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 17th 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Londonderry Ireland

13. NAME Edward Abbott

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Jeanette Kerr

16. BIRTHPLACE (city or town) (State or country) Edinburgh Scotland

17. INFORMANT Miss Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Sept 16th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED SEP 15 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1936 to Sept 14 1936.

I last saw her alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Other contributory causes of importance: Chr. Nephritis	

Was an operation performed? None Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Shannon, M. D.

(Address) 900 N. Fulton Ave

M. D. B 1268-9

27282 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 27282

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Stevenard If U. S. Veteran specify WAR .....

(a) Residence: No. 3611 W. Belvedere Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6. DATE OF BIRTH (month, day, year) Nov 12 1849

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	86	9 10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Jacob Reinold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa Feith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Lawrence

(Address) 3611 W. Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Sept 16 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED SEP 15 1936 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of [illegible]	
Coma	

Other contributory causes of importance:

Hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 5 1936

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fell on steps

Nature of injury Fracture of [illegible]

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1010 S. [illegible]

F 27283

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27283

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 E. Lorraine Ave Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Euphemia Nielsen

If U. S. Veteran specify WAR No Record

(a) Residence: No. 309 E. Lorraine Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ or ~~Divorced~~ (write the word) Widowed.
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edward Nielsen

7. DATE OF BIRTH (month, day, year) July 13th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Sea Level N.C.

13. NAME Joseph Taylor

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Polly W. Lear's

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs E. M. Leighton

(Address) 309 E. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sea Level N.C. Date Sept 15th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED 19 Registrar

SEP 15 1936 ~~Washington Williamsburg~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14th 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 14 1936

I last saw her alive on Sept 13 1936 Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	2 Years Ago
Other contributory causes of importance: Gall Stones - removed 1921	
Gall Bladder	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Cystical Drainage Date of

What test confirmed diagnosis? Clinical History Was autopsy performed?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Leighton M. D.

(Address) 320 N. Paul St

27284 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27284

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3949 Cloverhill Rd St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. - mos. - ds. How long in U. S. If of foreign birth 49 yrs. 6 mos. 29 ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Edward Baldrige Mower
(a) Residence: No. 3949 Cloverhill Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Helen Higbee Mower

7. DATE OF BIRTH (month, day, year) Feb 15 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer of Ice
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decs. Co.
10. Date deceased last worked at this occupation (month and year) July 20/36
11. Total time (years) spent in this occupation 15 yr
12. BIRTHPLACE (city or town) (State or country) Cedar Rapids Iowa
13. NAME Edw. Ball. Mower
14. BIRTHPLACE (city or town) (State or country) Waukesha Wisconsin
15. MAIDEN NAME Mary Christy
16. BIRTHPLACE (city or town) (State or country) Hollidaysburg Penna
17. INFORMANT Mrs H. B. Mower (wife)
(Address) 3949 Cloverhill Rd
18. [redacted] CREMATION. [redacted] L
Place London Park Date Sep-15-36
19. UNDERTAKER Stewart & Mowell Co.
(Address) 108 W North Ave.
Huntington Williams, WV
20. FILED SEP 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1979 19.. to 9/13/36 19.. I last saw h[redacted] alive on 9/13/36 19.. Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Years
Hypertension	"
	"

Other contributory causes of importance:

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. H. Moody M. D.
(Address) 1405 Park Ave

27285

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27285

CERTIFICATE OF DEATH

5-2 95-B

Registered No. 16499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Angelo Pallotta

(a) Residence: No. 274 N. Exeter St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/18/1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	25 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20+0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME John Pallotta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lucie ?

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St. Matthias Date Sept 15 1936

UNDERTAKER Frank Della Rose
(Address) 52 N Morley St.

FILED Sept 15 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-18 1936 to 9-12 1936

I last saw him alive on 9-12 1936 Death is said to have occurred on the date stated above, at 5 45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	9-12-36
Hypertensive Heart Disease	1932

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenney M. D.
(Address) Baltimore City Hospital

27286

F 27286

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Carrie L. Deffenbrock

If U. S. Veteran specify WAR .....

(a) Residence: No. 3116 Berkshire Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William J. Deffenbrock

DATE OF BIRTH (month, day, year) April 3-1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	13	12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME of Father John Medebikinds

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Margaret Ruler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William J. Deffenbrock

(Address) 3116 Berkshire Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Eastwood Date Sept. 15 1936

19. UNDERTAKER J. B. Shipley & Sons.

(Address) 1300 Eutaw Place

Filed SEP 15 1936 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7-36, 19.., to 9-12-36, 19..

I last saw her alive on 9-12-36, 19.. Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease arteriosclerosis	
Other contributory causes of importance: Cerebral hemorrhage Bronchopneumonia	9-7-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

F 27287

F 27287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Starkey

If U. S. Veteran specify WAR .....

(a) Residence: No. Franklin & George Ave St., Essex Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. L. Starkey

7. DATE OF BIRTH (month, day, year): Aug. 31 - 1886

8. AGE: Years 50 | Months — | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Otto Critzman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Selma Gephardt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo. L. Starkey

(Address): Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Sept. 15 1936

19. UNDERTAKER: John G. Connelly

(Address): Essex, Md.

SEP 15 1936 [illegible] Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1936, to 9-12, 1936

I last saw her alive on 9-12, 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Diabetes mellitus	
Carbuncle	
Arterio-sclerotic heart disease	

Other contributory causes of importance:

Chronic myocarditis

Cardiac hypertrophy & dilatation

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 27288

288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 8-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Thomas Cassedy — If U. S. Veteran specify WAR .....

(a) Residence: No. 1608 N. Regester st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 7/27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Thomas Cassedy

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Louisa Dishler

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Thomas Cassedy
(Address) 1608 N. Regester st

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. City Date Sept. 15 '36

19. UNDERTAKER Philip Herwig Sons
(Address) 2216 Callowhill st

FILED SEP 15 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH 4.40 P.M.

21. DATE OF DEATH (month, day, year) 9-11 '36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured neck	9-11-36
Fractured spine	
Crushed Chest	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-11 ..., 1936
Where did injury occur? 1600 Register Street
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury by Automobile while
Nature of injury Crossing street

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Herbert Bentley Kyle, M. D.
Coroner
(Address) 907 N. Charles St.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27289

27289

CERTIFICATE OF DEATH.

✓107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 407 North East ave ST. 26-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willard St. Espey

(a) RESIDENCE NO. 407 North East ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie Espey

6 DATE OF BIRTH (month, day, and year) July 27 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm P. Espey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary L. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Katie Espey

(Address) 407 N. East Ave

15 Filed SEP 15 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 13th 1936

17

I HEREBY CERTIFY, That I attended deceased from September 8th, 1936, to September 13th, 1936

that I last saw him alive on September 13th, 1936

and that death occurred, on the date stated above, at 6 45 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & Sputum examination.

(Signed) A. S. Chalfant M. D.

Sept 13 1936 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 9/17/1936

20 UNDERTAKER Philip Herwig Sons

ADDRESS 2016 Orleans St

27230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27230

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Linwood Ave. Ward) 6-1

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Wesley Smith Sr.

(a) Residence: No. 18 N. Linwood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dena Smith

6. DATE OF BIRTH (month, day, year) Mar. 17 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Wks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Richard S. Smith

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Ellen Deshields

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dena Smith
(Address) 18 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Sept. 15 36

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw Pl.

20. FILED SEP 15 1936 19 Taylor Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1936 to Sept. 12 1936

Last saw him alive on Sept. 12 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Other contributory causes of importance:	

Was an operation performed? yes Date of July 2, 1936

For what disease or injury? Cancer of Colon

Name of operation Exploratory Date of July 2, 1936

What test confirmed diagnosis? Microscopical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harry E. Wilson M. D.

(Address) 3 W. Biddle St.

27291 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 27291

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 15 N. Ellwood Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernhard C. F. Riedel
If U. S. Veteran specify WAR

(a) Residence: No. 15 N. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mary Riedel

6. DATE OF BIRTH (month, day, year) Jan. 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler, Eastern
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rolling Mills
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Bernhard Riedel
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME — Bauschlicher
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mary Riedel
(Address) 15 N. Ellwood Ave
18. BURIAL, CREMATION, OR REMOVAL Date Sept. 15 '36
Place Mt Carmel
19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St
20. FILED SEP 15 1936 19
Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, 19, to September 12, 1936, 19
I last saw him alive on September 12, 1936 Death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arterio sclerosis	97	Unknown
Myocarditis	93	1 year
Arthritis	93	1 year
Other contributory causes of importance:		
Broncho Pneumonia	101	9/3/36
Acute Myocardial Failure	95	9/11/36

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Phthisis Artigiani

(Signed) , M. D.
(Address) 2942 East Fayette Street

292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27292

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 26-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John L Wiser

(a) Residence: No. 3734 Borough St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie Wiser

7. DATE OF BIRTH (month, day, year) Apr 5 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME John Wiser

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. - Wiser

(Address)

18. BURIAL, CREMATION, OR REMOVAL Maryland Mem Pk Date 9/16/36 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar

SEP 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9. 1936 to Sept 13. 1936

I last saw h alive on Sept. 13. 1936 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Chronic myocarditis	8/15/36
Senile nephritis	
Gangrene of left foot	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 9-10-36

For what disease or injury? Gangrene of left foot

Name of operation Amputation left leg Date of 9-10-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel H. Belgarod, M. D.

(Address) Sinai Hospital

27293

✓ F 27293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Hanover St. 23rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Gartrell

(a) Residence: No. 1201 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie F. Gartrell

DATE OF BIRTH (month, day, year) Aug. 23, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home (no)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mt. Airy, Md.

13. NAME Charles Etchison

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Cora Seabrease

(Address) 1201 Hanover St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Airy, Md. Piney Grove Cem. Date Sept. 16 1936

19. UNDERTAKER John T. Dorsey

(Address) 715 Light St

20. FILED ..... 19.. Huntington Williams, M.D.

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/10/36, 19.., to 9/13/36, 19.. I last saw h.. alive on 9/13/36, 19.. Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Senile Dementia	9/10/36
Myocardeal failure	9/12/36

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Miller, M. D.

(Address) 1225 St Charles St

27294

F 27294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 W. Lexington St. 19-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel D. Leaverton

(a) Residence: No. 1425 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nolia Jones

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County Md.

13. NAME James Leaverton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Frances A. Leaverton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. S. Leaverton
(Address) 752 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 15 1936

19. UNDERTAKER John M. Weibel & Sons
(Address) 1811 W. Lexington St.

Filed Sept 15 1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13. 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1. 1936 to Sept 13. 1936

I last saw him alive on Sept 13. 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int Nephritis	6 mo

Other contributory causes of importance: none

Was an operation performed? none Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos Norton, Jr. M. D.

(Address) 888 W. Lombard St.

9/14/36

27295

✓ F 27295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Ruddles

(a) Residence: No. 4403 Towanda Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Ruddles

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Ruddles

(Address) 4403 Towanda Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Sept 15 1936

19. UNDERTAKER Sol Levinson & Bros.

(Address) 1127 E. Balto St.

Huntington Williams, M.D.

Registrar.

SEP 15 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept. 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury Poisoning	

Other contributory causes of importance:

Acute nephritis - Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 9/12, 1936

Where did injury occur? 4403 Towanda Ave Balto.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Took tablets of bichloride

Nature of injury by mistake

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. R. 1268-9

27296 F 27296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

Registered No. -

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Herbert W. C. Witt

(a) Residence: No. Kleins Lane, Fullerton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

7. DATE OF BIRTH (month, day, year) March 21, 1917

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	19	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Oil Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Ahart Witt

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Margaret Klein

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. Ahart Witt,
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date Sept. 16. 1936

19. UNDERTAKER Frederick Boarman & Son
(Address) 7401 Belair Road

FILED 15 1936, 19 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1936, 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ACC Date of injury 9-13, 1936
Where did injury occur? Bel Air Road & School Road Balto Co Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Driving
How did injury occur? Skidding Auto turned over
Nature of injury? Bruises

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

Signed Hunter Bentley Gale M. D.
Coroner
(Address) 907 N. Charles St.

27297 HEALTH DEPARTMENT—CITY OF BALTIMORE 27297

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Vail St., 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George E. Haas

(a) Residence: No. 1115 Vail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Haas.

DATE OF BIRTH (month, day, year) Feb. 17. 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Louisa Horstman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Haas

(Address) 1115 Vail St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Sept. 15 1936

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. Filed SEP 15 1936 E. Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from September 10th 1936. to 19

I last saw him alive on September 10th 1936. Death is said to have occurred on the date stated above, at 5-00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Physical signs. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. S. Chaffant M. D.

(Address) 6205 York Road

27298 ✓ F 27298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-E Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick G. J. Linck, Jr.

(a) Residence: No. 5722 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Linck

6. DATE OF BIRTH (month, day, year) December 23, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Dyer 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardenville Cleaning Co

10. Date deceased last worked at this occupation (month and year) Sept. 15, 1936

11. Total time (years) spent in this occupation 45 years

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frederick G. Linck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Weinreht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Linck

(Address) 5722 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 16, 1936

19. UNDERTAKER Joseph H. Cook

(Address) 1005 N. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave.

15 1936

F 27299

27299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 27297

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Levindale Hebrew Home for Aged (Ward) 27th
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ida Goselson

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Goselson

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Glasser

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Emkatt Sister
(Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 9-15 1936

19. UNDERTAKER Jack Levy Co.
(Address) 1933 E. Baltimore St.

Huntington Williams, M.D.
Registrar.

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1932 to 9-14 1936

I last saw h alive on 9-14 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Pneumonia	
Arteriosclerosis	
Chr. card. vascular disease	

Other contributory causes of importance:

Arthritis
Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) M. Edmund Cleves, M. D.

(Address) Levindale

F 27300 ✓ F 27300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1317 Ashland Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Ida May Fredd
(a) Residence: No. 1317 Ashland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Phillip Fredd
14. BIRTHPLACE (city or town) (State or country) SC
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) SC
17. INFORMANT Peter Penfield (Address) 1317 Ashland ave
18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 9 15 1936
19. UNDERTAKER Raynor Sanders (Address) 1443 E Preston St
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-36
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept. 12 1936
I last saw her alive on 9-12 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchio-Pneumonia Date of onset 9-1-36
Other contributory causes of importance
Malnutrition & Spasms
Was an operation performed? no. Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Sign & Symptoms Was case autopsied? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Jas R. Blake M. D.
(Address) 924 Augusta Ave

15 1936

27301 ✓ F 27301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S. Wolfe St. St. 1-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna C. Kirtcher.

(a) Residence: No. 230 S. Wolfe St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Kirtcher

6. DATE OF BIRTH (month, day, year) Apr. 26/1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George J. Kirtcher. (Hus.)

(Address) 230 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept17. 1936

19. UNDERTAKER Felty & Zwicker

(Address) 240 S. Wolfe St.

Huntington Williams, MD

SEP 5 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936 to Sept. 13, 1936

I last saw her alive on Sept. 13, 1936. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	about 7 yrs

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine M.D.

(Address) 16 South Broadway

27302 ✓ 27302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH Bon Secours Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No. .....

CITY OF BALTIMORE: (No. Balto Md 20-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Winfield Hamilton If U. S. Veteran specify WAR .....

(a) Residence: No. 2637 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Sept 13, 1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Raymond A. Hamilton

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Miriam E. Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Raymond A. Hamilton
(Address) 2637 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Westam Date Sept 15 1936

19. UNDERTAKER Jno. Mus. J. W. Tebbel & Son
(Address) 501 N. Haylett St

SEP 15 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1936 to Sept 15 1936
I last saw h[illegible] alive on Sept 15 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Intracranial Hemorrhage	
Other contributory causes of importance: Eclampsia (mother)	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lemon L. Kemp M. D.

(Address) Bon Secours Hosp.

F 27303

✓ F 27303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1517 Mulliken St. 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John Bill (Bell)
(a) Residence: No. 1517 Mulliken St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 3, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Docks
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Crisfield Md.
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Annie —
16. BIRTHPLACE (city or town) (State or country) Unknown.
17. INFORMANT Fannie Kerr
(Address) 1517 Mulliken St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 9/16/36
19. UNDERTAKER Robert F. Young
(Address) 804 Eastern Ave.

SEP 15 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936 to Sept 13, 1936
I last saw h... alive on Sept 13, 1936. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Indigestion	Sept 13
(b)	aun
(c)	
(d)	
Other contributory causes of importance: Acute Dilatation of Heart	Sept 13

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. L. Levy, M. D.
(Address) 1420 E. Chase

7304

F 27304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5516 Maryfield Ave (St.) Ward) 27-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME William L. McLain

(a) Residence: No. 5516 Maryfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary V. McLain

7. DATE OF BIRTH (month, day, year): Feb 23 1864

8. AGE: Years 72 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Stationary Engineer

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: V-30

10. Date deceased last worked at this occupation (month, day, year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME OF FATHER: Lewis McLain

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Mary C. Bateman

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mary V. McLain

(Address) 5516 Maryfield Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. Sept 17 1936

Place:

19. UNDERTAKER: Chas. F. Faulkner

(Address) 118 W. Mt. Royal Ave

SEP 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1936, to Sept. 14, 1936

I last saw him alive on Sept 9, 1936. Death is said to have occurred on the date stated above, at 12 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/1/36
Other contributory causes of importance:	
Arterial Sclerosis	8/30/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Gilbert M. D.

(Address) 415 Cedarcroft Rd.

✓ F 27305

27305 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Williamson

(a) Residence: No. 2620 Shirley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Williamson

DATE OF BIRTH (month, day, year) Feb 3-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Balto.

13. NAME Ludwig Weidich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhemena Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Williamson
(Address) 2620 Shirley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 16, 1936

19. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.

20. FILED 5 1936 Livingston Wilkinson

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1936, to Sept. 14, 1936

I last saw him alive on Sept. 14, 1936 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1932
Malnutrition	6/1/36
Cardiac Collapse	9/10/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Llewellyn M.D.

(Address) Lt. Jones Hospital

✓ F 27306

27306 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Orleans St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ellen Klitch

(a) Residence: No. 2601 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph F. Klitch

6. DATE OF BIRTH (month, day, year) Nov. 30th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME John Fanning

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Cleary

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Mrs. Howard Klitch

(Address) 2601 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Forraine Cemtery Date 9/16 1936

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

15 1936

(Signature and title of local registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936 to Sept 13, 1936.

I last saw h[illegible] alive on Sept 13, 1936. Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/10/36

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Mengel Jr. M. D.

(Address) 1500 E. 33 St.

James L Hyland

27307 HEALTH DEPARTMENT—CITY OF BALTIMORE 27307

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore

CITY OF BALTIMORE: (No. ..... St. 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

lifetime

2. FULL NAME James L. Hyland W.W. Veteran

(a) Residence: No. 1450 Stevenson St., Baltimore, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 26, 1886

AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	50	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 2015

10. Date deceased last worked at this occupation (month and year) Unk. 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME James H. Hyland

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret Hill

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral. Date 9/16/36

19. UNDERTAKER John J. Doherty & Sons

(Address) 518 Light St.

20. FILED ..... 19 ..... Registrar.

SEP 16 1936 Huntington Ave Baltimore Md

SEP 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936 to September 12, 1936

I last saw him alive on September 12, 1936. Death is said to have occurred on the date stated above, at 9:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma, prickle cell, tongue	Jan. '36
Epithelioma, lymph glands, cervical	Apr. '36
Syphilis, tertiary	Unknown
Other contributory causes of importance: Malnutrition	July '36

Was an operation performed? Yes Date of Apr. 8, 1936

For what disease or injury? Epithelioma of tongue (Biopsy)

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T B Anderson, M. D.

(Address) U.S. Marine Hospital

27308 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 27308

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Port St., 7-2 Ward)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Charles Kromadka If U. S. Veteran specify WAR .....

(a) Residence: No. 805 N. Port St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Kromadka

6. DATE OF BIRTH (month, day, year): Nov. 9, 1862

7. AGE: Years 63; Months 10; Days 6; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc.: Bread

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

13. NAME: Rosal. Kromadka

14. BIRTHPLACE (city or town) (State or country): Bohemia

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Emma Kromadka
(Address) 805 N. Port St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 11, 1936

19. UNDERTAKER: Frantz, Cracken & Son
(Address) 1906 Eastland Ave

ED SEP 16 1936 19 Functus Williams; M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 36 to Sept 15 36

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	May 16
" Pneumonia	
over	

Other contributory causes of importance:

Hypostatic Congestion	4 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify. .....

(Signed) W. S. Emig M. D.

(Address) Corr. Mansard Ave

F 27309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27309

1. PLACE OF DEATH

Registered No. 12649

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 12 Ward) 6-12 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hayward, Pauline

(a) Residence: No. homeless St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beach Hayward

6. DATE OF BIRTH (month, day, year) 5/14/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Bernard Campbell

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Frances Lewis

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9-14, 1936

19. UNDERTAKER Leonard J Ruck.
(Address)

20. FILED SEP 16 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1935, to 9-14, 1936

I last saw her alive on 9-14 1936. Death is said to have occurred on the date stated above, at 930 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis with Bacteremia	9-5-36
Bronchopneumonia (Primary)	9-7-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kaney M.D.

(Address) Baltimore City Hospitals

27310 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 27310

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Lyndhurst St., 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur C. Gruber

(a) Residence: No. 416 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Eva A. Gruber

7. DATE OF BIRTH (month, day, year) May 11, 1865

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCubbin Leggett

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsport Md.

13. NAME Isaac Gruber

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Jane Cowlon

16. BIRTHPLACE (city or town) (State or country) Keedysville Md

17. INFORMANT Mrs. Eva A. Gruber

(Address) 416 Lyndhurst St

18. BURIAL, CREMATION, OR REMOVAL Williamsport Md Sept 16 36

Place Date 19

19. UNDERTAKER Lowe Pickrell Bond

(Address) North & Paca St.

20. FILED 19

Registrar

SEP 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to Sept 13 1936

I last saw him alive on Sept 13 1936 Death is said to have occurred on the date stated above, at 8.30 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 4th

Other contributory causes of importance: Arterio-Sclerosis — 2

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. L. Wiseg, M. D.

(Address) 4000 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

7311 F 27311

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2847 W. North Ave St., 5-6 Ward) Registered No. 82-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 43 yrs. 3 mos. 19 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Mary Read Strow

(a) Residence: No. 2847 W. North Ave. St.; ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Fredk. W. Strow

DATE OF BIRTH (month, day, year): May 25 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Edw. B. Read

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Caroline Larrabee

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mr. Fredk. W. Strow.
(Address) 824 Park ave.

18. BURIAL, CREMATION, OR REMOVAL: Place: London Park Date: Sept 16 36

19. UNDERTAKER: Wm. Pickney Sons
(Address) Lexington & Howard.

SEP 16 1936 19 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1936 to Sept. 14, 1936
I last saw her alive on Sept. 14, 1936. Death is said to have occurred on the date stated above, at ~~12:15~~ 11:23 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1926
Arteriosclerosis	1926
Cerebral Haemorrhage	Sept. 11, 1936

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? ...
What test confirmed diagnosis? Physical Examination + urinanalysis. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) S. Kendig Wallace M. D.
(Address) 2839 Wallbrook Ave.

M. D. B. 1268

27312

E 27312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

253 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Parksley Ave. St. ..... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie K. Belschner

(a) Residence: No. 1002 Parksley Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Frederick Belschner

6. DATE OF BIRTH (month, day, year) March 26, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. J. Frederick Belschner
(Address) 1002 Parksley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 16, 1936

19. UNDERTAKER Wm J Tickner & Sons
(Address) North & Pac

20. FILED SEP 16 1936 19 Huntington Millman, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14th. 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above. 2.30 A.M.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Sudden death	

Other contributory causes of importance: .....

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

F. D. 27313

F 27313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H Graham

(a) Residence: No. 1629 Druid Hill St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Graham.

6. DATE OF BIRTH (month, day, year) July 5 - 1907

7. AGE — Years 29 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick md

FATHER

13. NAME Charles Graham

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elsie Parker

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Hospital Records

(Address) Superintendent Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Sept 16 1936

19. UNDERTAKER Archibald A. Goodes

(Address) 2117 N. Carrollton Ave.

Huntington Williams

19 Registrar.

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration & Severance of Sternum with laceration of Omentum Peritoneal Hemorrhage Severance of Abdominal Wall Lacerated	Sept 12 1936

Was an operation performed? yes Date of Sept 12-36

For what disease or injury? Lacerated Abdomen

Name of operation Abdominal Injury Date Sept 13-X

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Sept 12, 1936

Where did injury occur? City (Specify city or town, county, and State) Rigg Ave & Laurens St.

Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of injury While walking was attacked & cut.

Nature of injury Lacerations & Severance with Knife

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ... Pocket knife

Signed George Allen, M. D.

(Address) 609 Lisbon St. Coroner

F 27314

27314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 149-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rubey Blake

(a) Residence: No. Traceys Landing A.A.Co. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilary Blake

6. DATE OF BIRTH (month, day, year) Aug. 15, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

17. INFORMANT Hilary Blake
(Address) Traceys Landing

18. BURIAL, CREMATION, OR REMOVAL

Place Traceys Landing Date Sept 16, 19 36

19. UNDERTAKER R E Hopkins
(Address) Grasonville Md.

20. FILED H. Lington Williams, 19 Registrar.

16 1936

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept. 15, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Uteras (Puerperal)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept. 15

For what disease or injury? Rupture

Name of operation Laparotamy Date Sept. 15

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. B. Cohen, M. D. Coroner

(Address) 2757 N. Avenue

F 27315

F 27315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Belair Road St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Lagues

(a) Residence: No. 525 N. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lagues

7. DATE OF BIRTH (month, day, year) Sept. 30, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 5/12/36

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Michael Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Crowes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs May Sheldon

(Address) 525 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL Mercy Cathedral Date Sept 16 1936

19. UNDERTAKER Edmund W. Conklin

(Address) 924 E. Lanvale St.

SEP 16 1936 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to Sept 15, 1936

I last saw her alive on Sept 15, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	?
Carcinoma head of pancreas	1936
Other contributory causes of importance:	
Bronchopneumonia	9-12-36

Was an operation performed? yes Date of July 1936

For what disease or injury? Carcinoma

Name of operation Cholecystgastrostomy Date of July 1936

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis T. Klimes M. D.

(Address) 2623 E. Monument St.

F 27316 F 27316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Lanley St. St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Burke

(a) Residence: No. 2233 Lanley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late William Burke

7. DATE OF BIRTH (month, day, year) Feb 21/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME John Meyers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Margaret Koppelt (Routhen)
(Address) 22 N. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date Sept 17 19 36

19. UNDERTAKER Lilly & Zeilenka.
(Address) 403 S. Broadway St.

20. FILED 19 [illegible]

FEB 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 19 36 to Sept. 14 19 36

I last saw her alive on Sept. 14 19 36 Death is said to have occurred on the date stated above, at 3/45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Brights Disease 1316	?

Other contributory causes of importance: Myocardial Insufficiency 9527

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry E. Wilson M. D.

(Address) 3 [illegible] Biddle St. Balto.

27317

F 27317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 W. North Ave St., 154 Ward)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie A. Myers

(a) Residence: No. 1648 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 23-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0069

10. Date deceased last worked at this occupation (month, day, year) 9-9-36

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Geo. A. Myers

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Jessie L. Bowen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Mollie Myers

(Address) 1648 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 16, 1936

19. UNDERTAKER Albert W. Gregory

(Address) 442 E. North Ave

Arrington Williams, M.D.
Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1936, to Sept 13, 1936

I last saw h alive on Sept 13, 1936 Death is said to have occurred on the date stated above, at 8:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach & Duodenum	1933
Cir. Myocarditis	1935

Other contributory causes of importance:

Asthenia | Sept. 11 1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

27318 HEALTH DEPARTMENT—CITY OF BALTIMORE 27318

CERTIFICATE OF DEATH

21-1 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Russell St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Demme

If U. S. Veteran specify WAR

(a) Residence: No. 1206 Russell St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louisa H. Demme (nee Aldrich)

6. DATE OF BIRTH (month, day, year) Aug. 9, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George C. Demme

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George C. Demme

(Address) 2131 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 17, 1936

19. UNDERTAKER [illegible]

(Address) 4101 Edmondson Ave

FILED SEP 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Sept 14, 1936

that I saw h[illegible] alive on Sept 14, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 year
Hypostatic Pneumonia	about
Contributory Bronchitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 72 9 Washington Blvd.

27319 F 27319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27-5-123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6105 Sefton Ave. St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frieda L. Harrison

(a) Residence: No. 6105 Sefton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm. A. Harrison

6. DATE OF BIRTH (month, day, year): Sept. 16-1894

7. AGE: 41 Years | 11 Months | 28 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Newark N.J.

13. NAME: Herman Spielmann

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm. A. Harrison

(Address): 6105 Sefton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: Sept. 16/36

19. UNDERTAKER: C. Miller & Son

(Address): 2334 Jefferson Ave. Huntington Station, N.Y.

SEP 16 1936 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to Sept 13, 1936

I last saw h... alive on Sept 13, 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. L. Long, M. D.

(Address) 418 Tonchenbay.

F 27320 O.K. Paul Deibert, M.D. F 27320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-2186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2407 E. LAFAYETTE AVE. St., (Ward)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY A. BECK.

(a) Residence: No. 2407 E. LAFAYETTE AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. Color or Race: WHITE
5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): WIDOW

5a. ~~Married~~, widowed, ~~or divorced~~ ~~HUSBAND OF~~ (or) WIFE of ERNEST M. BECK

6. DATE OF BIRTH (month, day, year) MAY 6. 1854

7. AGE: Years 82 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE (Wife)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD.

FATHER

13. NAME GEO REED.
14. BIRTHPLACE (city or town) (State or country) BALTO MD.

MOTHER

15. MAIDEN NAME NOT KNOWN
16. BIRTHPLACE (city or town) (State or country) BALTO MD.

17. INFORMANT MARTHA L. WHITE
(Address) PHILA PA.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer. Date 9/17/36, 19...

19. UNDERTAKER Geo. W. Leyhach
(Address) 525 N. Washington St.

I CERTIFY ..., 19... Registrar.

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1936 19... to Sept. 14, 1936 19...

I last saw her alive on Sept. 13. 1936. Death is said to have occurred on the date stated above, at 4.10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Impacted fracture of left femur due to accidental fall	Aug. 27, 1936.
Other contributory causes of importance: Hypostatic pneumonia	Sept. 7th, 1936.

Name of operation - - - Date of ...

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

(Signed) Harry Deibel M. D.
(Address) 1224-1226 Hanover St.

7321 F 27321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2510 Orleans St. St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Fifty yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry M. Parkent.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2510 Orleans St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 13, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) 9/04

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) Balto.
(State or country) Md

FATHER

13. NAME John Parkent

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Fischer

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Susanna Kopseling
(Address) 2810 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Sept 17. 1936

19. UNDERTAKER Jahn Ellrich
(Address) 2008 Orleans

Huntington Williams M.D.
Registrar

20. FILED ..... 19 .....

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North ave.

27322 CERTIFICATE CORRECTED 3-29-60 F 27322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-4-82-a

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dominick ~~Vitello~~ Vitillo — If U. S. Veteran specify WAR .....

(a) Residence: No. 410 N. Washington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Gentile Vitillo

6. DATE OF BIRTH (month, day, year) Aug. 21 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62 ~~56~~	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Michael Vitello
(Address) 410 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 17 1936

19. UNDERTAKER John Cellucci
(Address) 200 Bellair

SEP 16 1936 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hypertension

Other contributory causes of importance:
Cerebral Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. Monument

F 27323

F 27323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓122-a

1. PLACE OF DEATH Mercy Hospital — St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Catherine Pfaff

(a) Residence: No. 711 N Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Pfaff

6. DATE OF BIRTH (month, day, year) April 14, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
73	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Eck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Straub

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Helen P Fapt

(Address) 711 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept 17, 1936

19. UNDERTAKER John Ulrich

(Address) 2008 Aliceanna Huntington Ave

16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1936, to Sept. 14, 1936

I last saw her alive on Sept 14 1936. Death is said to have occurred on the date stated above, at 2.45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	Sept 12
Other contributory causes of importance: Strangulated Hernia	Sept 8

Was an operation performed? Yes Date of Sept 11, 1936

For what disease or injury? Strangulated Hernia.

Name of operation Herniotomy Date of 9-11-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Kane M. D.

(Address)

F 27324

27324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 Gorman ave St., 20-E Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice H. Rehmann

(a) Residence: No. 33 Gorman ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
WIFE of (or) HUSBAND of John C. Rehmann

6. DATE OF BIRTH (month, day, year) Jan 21-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER

13. NAME William Merrifield

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Carrie W. Rich

16. BIRTHPLACE (city or town) (State or country) Mass. Chusetts

17. INFORMANT John C. Rehmann

(Address) 33 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 16 '36

19. UNDERTAKER E. B. Appold & Son

(Address) 1600 Eutaw Place

Filed SEP 16 1936

..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above. 3. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19 .....

Where did injury occur? At Home Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Put Head in oven, then turned on gas covered

Nature of injury Poison by Illuminating

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1139 Cathedral St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

27325 F 27325

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Tuberculosis Division Baltimore City Hospitals St., (Ward) 15-3

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Dent (15001)

(a) Residence: No. 1705 Presstman Street St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 26, 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0)

10. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Dent

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Joyce

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters cem Date Sept 19 1936

19. UNDERTAKER George H. Nelson
(Address) 1303 Presstman st

20. FILED SEP 16 1936 [illegible] Registrar, No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 36

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 to September 14, 1936
I last saw him alive on September 14 36 Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration—Interval between onset and death
Pulmonary Tuberculosis	May 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H Feldman M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27326 — 34-137 27326

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1365 N. Stricker St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward L. Dogan

(a) Residence: No. 1365 N Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Delia Dogan

6. DATE OF BIRTH (month, day, year) March 5 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. Co

10. Date deceased last worked at this occupation (month and year) Dec - 1st 1935.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER'S FATHER

13. NAME Anderson Dogan

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Jane Robinson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Delia Dogan

(Address) 1365 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary cem Date Sept 17 1936

19. UNDERTAKER George R. Watson

(Address) 1365 Pennsylvania Ave

FILED SEP 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1936 to Sept 13 1936

I last saw him alive on Sept 12 1936 Death is said to have occurred on the date stated above, at 8.58 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	1/30.30
Other contributory causes of importance: Fractured Arteriosclerosis	1/30.30?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical - Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Presstman St

27327 HEALTH DEPARTMENT—CITY OF BALTIMORE 27327

CERTIFICATE OF DEATH

1191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 Woodyear St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mon. 11 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Delores Palmer

(a) Residence: No. 1333 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): Aug 4-1936

7. AGE — Years: — Months: 1 — Days: 11 — If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Samuel Palmer

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME: Geneva Hawkins

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Dana Palmer
(Address) 1333 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Sept 16, 1936

19. UNDERTAKER: George G. Kelson
(Address) 1303 Presstman St

20. FILED SEP 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1936, to Sept 15, 1936

I last saw her alive on Sept 14, 1936 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	9-8-36
Other contributory causes of importance: age a	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Wm. A. Wright M. D.

(Address) 1209 Presstman

14896

7328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27328

CERTIFICATE OF DEATH

51-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Perry Tillman

(a) Residence: No. 1615 W Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Perry (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/17 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED SEP 16 1936 Livingston Hetherington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1936 to 9-13 1936

I last saw him alive on 9-13 1936 Death is said to have occurred on the date stated above, at 2-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	1 yr.
Other contributory causes of importance: Bronchopneumonia	3 days

Was an operation performed? yes Date of

For what disease or injury?

What test confirmed diagnosis Autopsy Was an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Balt. City Hosp.

27329

C. H. D. 1268-9

✓ F 27329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 E. Chapel St. St., 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma M. Walz

(a) Residence: No. 825 N. Chapel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Baby

6. DATE OF BIRTH (month, day, year) Jan. 24-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	020	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John W. Walz

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Little

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Mary Bauer (Address) 825 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Sept 17, 1936

19. UNDERTAKER Milton Schilling (Address) 422 E. Monument St.

A. Livingston Williams

Registrar.

SEP 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia (Bilateral)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

F 27330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2738 N. Calvert St., 12 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary R. B. Muffly

(a) Residence: No. 2738 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 23 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

13. NAME Sidney Muffly

14. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

15. MAIDEN NAME Mary Bruce

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Elizabeth Hutton
(Address) 2738 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 17 1936

19. UNDERTAKER Henry W. Jenkins & Sons
(Address) Oakland & Lexington Streets

SEP 16 1936

....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11 1936 to Sept. 14 1936

I last saw her alive on Sept. 14, 1936. Death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Ch. Myocarditis	
Other contributory causes of importance:	
Cerebral Hemorrhage	Sept 13, 36

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd C. Leyler M. D.

(Address) 3957 York Road

27331 F 27331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 16756

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 22-2 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Powell

(a) Residence: No. 644 Dover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Powell

6. DATE OF BIRTH (month, day, year) 12-2-1861 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~75~~ 66		9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd-jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER FATHER

13. NAME Thad Powell

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Cynthia ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Sept 17 1936

19. UNDERTAKER Isaiah C. Brannon
(Address) 1040 Montpelier St.

FILED SEP 16 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-29 1936 to 9-14 1936

I last saw him alive on 9-14 1936 Death is said to have occurred on the date stated above, at 12²⁰ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	9-14-36
Arteriosclerotic Heart Disease	8-14-36
Rheumatic Aortic Stenosis	Unk

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospital

27332 ✓ F 27332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. 13 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Lakeview Ave. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Henry Hertzberg

(a) Residence: No. 2406 Lakeview Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jany.-11,-1865

6. DATE OF BIRTH (month, day, year) Jany. 11, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Invalid)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis Hertzberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Hollander

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Julius Hertzberg,
(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cem. Date Sept. 16 1936

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED Sept 15 1936, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Sept 15, 1936.

I last saw him alive on Sept 15, 1936. Death is said to have occurred on the date stated above, at 12.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho-sarcoma	6 mos
	about

Other contributory causes of importance:

acute dilatation of heart	2 days

Name of operation None Date of

What test confirmed diagnosis? X Ray & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Frederick Leitz, M. D.

(Address) Temple Garden Apts

M. D. B. 1268-9

✓ F 27333

27333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Williams

(a) Residence: No. 437 Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 7, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Clarence Graham

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med School Date Sept 8, 1936

19. UNDERTAKER

(Address)

6 1936

Clifton Williams M.D.

2582

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Aug 9, 1936.

I last saw h... alive on Aug 9, 1936. Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset Aug 7

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Sarah H Bacdlich, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

27334 ✓ F 27334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Pine St St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Coleman West

(a) Residence: No. 302-N. Pine st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: colored | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of Minnie ada West

6. DATE OF BIRTH (month, day, year) August 13, 1906

7. AGE: Years 30 | Months 1 | Days — | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) August, 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Charlotte County Va.

MOTHER FATHER

13. NAME Charles Coleman West

14. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

15. MAIDEN NAME Rosa Brooks

16. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

17. INFORMANT Minnie ada West (Address) 302. N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem, Date 9-16 1936

19. UNDERTAKER Charles G. Cooper 51 & W. Calhoun St.

20. FILED ... Registrar.

6 1936

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 9.13.36 . 19

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1936 to September 13, 1936

I last saw him alive on September 12 1936 Death is said to have occurred on the date stated above, at 9:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Pneumonic Pthisis	8.31.36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — . 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Fair M. D.

(Address) 56 5. N. Lexington St.

7335

✓ F 27335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-Z Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gloria Harris

(a) Residence: No. 1821 Kavanaugh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9		2/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl dead

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Samuel Harris

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Matie Duncan

(Address) 1821 Kavanaugh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 16, 1936

19. UNDERTAKER R. C. Richardson & Co. Inc.

(Address) 1120 Druid Hill Ave.

B 1936 . 19 . Keeper

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1936 to 9/14, 1936

I last saw her alive on 9/14, 1936. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	9-9-36
Rheumatic heart disease	Feb 1926

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) K. L. Jackson, M. D.

(Address) 600 N. Arlington

27336

F 27336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Ann St. 2-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Tacka (TRZASKA)

(a) Residence: No. 118 S Ann St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed (or divorced) HUSBAND of (or) WIFE of John Tacka

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Supenarg

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Tacka

(Address) 118 S Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept. 17 1936

19. UNDERTAKER Wm Fiderkowski

(Address) 1618 Eastern Ave

16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to Sept. 14, 1936

I last saw h.er alive on Sept. 12, 1936. Death is said to have occurred on the date stated above, at 1:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cardiac Hypertrophy + Dilatation	
Cerebral Hemorrhage	Jan. 6, 36
Bronchio-Pneumonia	Sept. 11, 36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark Hollander, M. D.

(Address) 9 Dundalk Ave., Dundalk, Md.

27337 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 27337

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. — Registered No. ____
CITY OF BALTIMORE: (No. ____ St. 17-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. ____ mos. 19 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Campbell

(a) Residence: No. 33 Beechwood Rd., Chester, Pa. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Wheatley Campbell

6. DATE OF BIRTH (month, day, year) Jan. 20, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	42	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seamen
10. Date deceased last worked at this occupation (month and year) Aug-36
11. Total time (years) spent in this occupation: 0086

12. BIRTHPLACE (city or town) (State or country): Chester Penna

FATHER
13. NAME: Hugh Campbell
14. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

MOTHER
15. MAIDEN NAME: Anna Lynch
16. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

17. INFORMANT (Address): Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Mary's, Hampden Date: Sept. 16 1936

19. UNDERTAKER (Address): E. Leroy Stiffler, Inc. 1255 E. North Ave.

20. FILED ____ 19 ____ (Registrar)

SEP 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1935, to September 14, 1936
I last saw him alive on Sept. 14, 1936. Death is said to have occurred on the date stated above, at 6:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chr. far advanced	1932
Tuberculosis, larynx	
Other contributory causes of importance: Malnutrition	1935

Was an operation performed? yes Date of 10-21-35
For what disease or injury? Tuberculosis, larynx
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of Injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) T. B. Anderson, M. D.
(Address) U.S. Marine Hospital

M. D. B. 1268-9

✓ F 27338

27338 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Wilkens Ave St. 28-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis M. Saylor

(a) Residence: No. 3402 Wilkens Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
F	W.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. W. Saylor

6. DATE OF BIRTH (month, day, year) Feb 19-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Joseph A. Shipley

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

MOTHER

15. MAIDEN NAME Adeline Eyler

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

17. INFORMANT Mrs. Chas. Gilmore

(Address) 3402 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mount Olive Date Sept 17 1936

19. UNDERTAKER J. Bryan Hoff

(Address) 1 E. Lanvale St.

Sept 16 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1936 to Sept 15 1936

I last saw h.. alive on Sept 15 1936 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	20 yrs. ago.

Other contributory causes of importance:

Acute Pulmonary Edema 2 days 9/17/36

Name of operation None. Date of ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry Hulbrecht M. D.

(Address) 933 Fawn St.

Spec.—1-30—M. & T.—250 Blks.

27339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH CITY OF BALTIMORE (No. 3501 Garrison Blvd ST., 15-10 WARD)

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Dreer

(a) RESIDENCE NO. 3501 Garrison Blvd ST., _____ WARD _____ (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of Single

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
21/21	"	6		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Dr William G Dreer

11 BIRTHPLACE OF FATHER (city or town) Boynton (State or country) Mississippi

12 MAIDEN NAME OF MOTHER Loretta Worley

13 BIRTHPLACE OF MOTHER (city or town) Hamilton Va (State or country)

Informant Mrs Dennis

(Address) 3501 Garrison Boulevard

6 1936 _____ 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15/36

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to Sept. 15, 1936, that I last saw h[illegible] alive on Sept 14, 1936, and that death occurred, on the date stated above, at 9.50 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis (Rheumatic recurrent)

(duration) yrs. 5 mos 25 ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wally M. Ellis M. D.

9/15, 1936 (Address) 104 W. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 19

20 UNDERTAKER George F. Smith — ADDRESS 400 Eutaw Place

F 27340

M. D. B. 1268-2

27340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) (Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 30 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie E. Fitze.

(a) Residence: No. 1500 Riverside Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) July 16, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jessie E. Fitze

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Mary L. Dixon.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary L. Fitze. (mother)
(Address) 1500 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Sept 17th 1936

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St Balto Md

20. FILED 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea	
Pneumonia.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) Otho Pinkard M. D.
Coroner

9/15/36 (Address) 1017 S. Charles St.

27341 F 27341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No. .....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greene & Lombard St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Salsman

(a) Residence: No. Laurel St., [illegible] Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Baltimore

6. DATE OF BIRTH (month, day, year) Dec 25 59

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmland

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co.

FATHER

13. NAME Timothy Baltimore

14. BIRTHPLACE (city or town) (State or country) Charles Co.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Laura Baltimore

(Address) 219 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL Place Meadow Hill Laurel Date 9/19/36

19. UNDERTAKER Geo W G White & Son

(Address) Laurel, Md.

9 16 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1936 to September 16, 1936

I last saw him alive on September 16, 1936. Death is said to have occurred on the date stated above, at 9 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9/10/36
Urinary Suppression	(?)

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter E. Harlyn M. D.

(Address) University Hospital

27342 F 27342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 W. Mosher St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard B. Fields

If U. S. Veteran specify WAR Civil

(a) Residence: No. 121 W. Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma Lane Fields

6. DATE OF BIRTH (month, day, year): Sept 10-1846

7. AGE: Years 90; Months X; Days 6; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Bank Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Fields

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Higgins

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Emma Lane Fields

(Address) 121 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Sept 18 36

19. UNDERTAKER: Peter Bowie

(Address) 1224 N. Charles St.

20. FILED SEP 17 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936 to Sept 16 1936

I last saw him alive on Sept 15 1936 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11 days
Arteriosclerosis —	

Other contributory causes of importance:

Senility —	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Gray — M. D.

(Address) 627 N. Broadway

F 27343

F 27343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 152

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22 (Ward) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Fromm

3907 Hayward Ave (a) Residence: (No.) Pikesville Maryland Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mrs. Laura B. Fromm

6. DATE OF BIRTH (month, day, year) Sept 6 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Fromm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Hessendauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Belle Fromm son

(Address) 3907 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL Stone Chapel Cemetery Date Sept 18 1936

19. UNDERTAKER H. J. Marshall

(Address) 3539 Falls Road Huntington Williams

Sept 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 1936 to Sept 15 1936

I last saw him alive on Sept 15 1936 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic temperature of undetermined origin	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ——— Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter Henry Gewis, Jr. M. D.

(Address) University Hospital

F 27344

27344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Tuberculosis Division
CITY OF BALTIMORE: (No. Baltimore City Hospitals 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Sadie Walls (6092)

(a) Residence: No. 414 St. Mary St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 12, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	46	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Allen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mollie Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 9-18 1936

19. UNDERTAKER Orange A. Hemsley
(Address) 578 W. Biddle St.

..19.. Huntington Williams M.D.
Registrar

SEP 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 19.., to Sept. 15, 1936
I last saw her alive on September 15, 1936 4:10 P.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon H. Feldman M. D.
(Address) Baltimore City Hospitals

F 27345

F 27345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Pierce St., 17-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mabel Thomas

(a) Residence: No. 804 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Wm Thomas

6. DATE OF BIRTH (month, day, year) March 22, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	5	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Daniel Douglas

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm Thomas
(Address) 804 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 9-18 1936

19. UNDERTAKER Francis A. Dumbry
(Address) 575 N. Biddle St

Huntington Millinery Co.

20. FILED SEP 17 1936 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1936 to Sept 15, 1936

I last saw her alive on Sept 13, 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows: Chronic Nephritis Pulmonary Tuberculosis

	Date of onset

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 924 Madison Ave.

F 27346

27346 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 17003 St. 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August H. Gischel

(a) Residence: No. 3918 6 th Street St., Brooklyn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Maggie Gischel

6. DATE OF BIRTH (month, day, year) 7-27-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	13	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mfg. saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

MOTHER FATHER

13. NAME John ~~Gischel~~ Gischel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Wirth

16. BIRTHPLACE (city or town) (State or country) ~~Germany~~

17. INFORMANT Mrs Maggie Gischel

(Address) 3918 6 St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 18 1936

19. UNDERTAKER John F Raney

(Address) 715 Light St

Filed ..... 19 ..... Registrar.

171936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1936 to 9-15 1936

I last saw h[illegible] alive on 9-15 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease with failure	May 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Private

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Raney M. D.

(Address) Baltimore City Hospitals

F 27347

27347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Reid

(a) Residence: No. 1064 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocky Mount, N.C.

MOTHER FATHER

13. NAME George Reid

14. BIRTHPLACE (city or town) (State or country) Rocky Mount N.C.

15. MAIDEN NAME Essie Culpepper

16. BIRTHPLACE (city or town) (State or country) Rocky Mount N.C.

17. INFORMANT Essie Reid
(Address) 1064 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 17, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St Huntington Williams

FILED SEP 17 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1936 to Sept. 14, 1936.

I last saw him alive on Sept. 14, 1936. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis with Bilateral Pulmonary involvement and Tuberculous peritonitis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Schofield M. D.

(Address) Lansing Apts

F. 27348 Gov. Hare - Hanover & S F. 27348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 5492-a

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Lead on Spring Bar W. & B. Sts. Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John A. W. Shuler. If U. S. Veteran specify WAR

(a) Residence: No. 818 W 32nd St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E. Wheeler

6. DATE OF BIRTH (month, day, year) Nov 17 1900

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
35	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John A. W. Shuler.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida B. Whittington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillian E. Wheeler. (Address) 818 W 32nd St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Co. Md. Date Sept 9 1936

19. UNDERTAKER Thanos & Son (Address) 2357 Eastern Ave

Filed SEP 17 1936, 19.. Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Lesion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann M. D. Coroner

(Address) 12 157 Hanover

F 27349 F 27349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Coolsan St. 1st Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Palonsia August

(a) Residence: No. 1211 Coolsan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Pat August

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Josephine Fraleste

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Josephine August
(Address) 1211 Coolsan St

18. BURIAL, CREMATION, OR REMOVAL: Date Sept 17 1936
Place Holy Cross adv

19. UNDERTAKER Chas L Stevens
(Address) 1501 E Fort Ave

SEP 17 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1936, to Sept 16, 1936

I last saw her alive on Sept 16, 1936 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H H Barranco, M. D.

(Address) 436 E Fort

F 27350

F 27350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 1707 E. St., 11-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amos William Hall

(a) Residence: No. 220 E. Madison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-25-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable Boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Livery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Peter Hall

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Louisa Hooper

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept 19, 1936

19. UNDERTAKER Edward Bryan
(Address) 1617 Orleans St.

SEP 17 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1936 to 9-15, 1936

I last saw him alive on 9-15, 1936 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal colitis	?
	over
Other contributory causes of importance: Liver abscesses	2 days
peritonitis	

Was an operation performed? yes Date of 9-11-36

For what disease or injury? peritonitis

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Boyce M. D.

(Address) Balt. City Hosp.

27351
31678 80

F 27351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 1-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Gunner

(a) Residence: No. 910 S Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-1-18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Gunner

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Anna Fuchs

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem Date Sept 21 1936

19. UNDERTAKER Ernest W. Conklin

(Address) 724 E. Eager St.

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936 to Sept 16, 1936

I last saw her alive on Sept 16, 1936 Death is said to have occurred on the date stated above, at 11 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Endocarditis	1925
Chronic Rheumatic Myocarditis	1925

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Haviland M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

F 27352

27352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernest Saunterey

(a) Residence: No. 2021 Madison Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) -1894-

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Leir Saunterey

(Address) 2021 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Sept 17, 1936

19. UNDERTAKER Adolphus Tabbert & Son

(Address) 1700 Eutaw Pl

17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Sept 1 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 507 Fremont St

✓ F 27353

27353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2917 Belmont Ave (Ward) 16th

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William C. Mayo

(a) Residence: No. 2917 Belmont St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amy Mayo

6. DATE OF BIRTH (month, day, year) March 15th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Nicholas Mayo

14. BIRTHPLACE (city or town) (State or country) Mt Carmel Md

MOTHER

15. MAIDEN NAME Margaret Wilhelm

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Amy Mayo

(Address) 2917 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hereford, Balto Co. Date Sept 18th 1936

19. UNDERTAKER H. Sanderson Inc

(Address) 1710 Fleet st.

20. FILED SEP 17 1936 Huntington Williams

RFK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15/36

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1936 to Sept. 15th 1936

I last saw h[illegible] alive on Sept 15th 1936 Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Metastases to Liver and retroperitoneal lymph nodes.

Date of onset

Other contributory causes of importance:

Was an operation performed? Exploratory Date of May 1936

For what disease or injury? Carcinoma Stomach

Name of operation Exploratory Laparotomy Date of Sept 15th

What test confirmed diagnosis? Clinical & Operative Was autopsy held?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Murray M. D.

(Address) 3045 W. Lafayette

M. D. B 1268-9

✓ F 27354

27354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmer Matthews

(a) Residence: No. Elkridge Howard Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CNO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Chambers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hattie Matthews

(Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stevhens Date Sept. 17. 1936

19. UNDERTAKER C C Kimbrough Jr.

(Address) Ellicott City Md

Registrar.

7 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept. 16, 1936. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) ... M. D.

Coroner

(Address) 3737 E. Monument St

✓ F 27355

27355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. University Hosp St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 dys yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Ferrell

(a) Residence: No. 921 China St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	[illegible] Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			18 dys	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Marion W. Ferrell.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mamie Hall.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marion Ferrell.
(Address) 121 China St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pubblic Cemetery Date Sept. 17, 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 12, 1936

I last saw her alive on Sept. 12, 1936. Death is said to have occurred on the date stated above, at 5 45 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity. — Date of onset

Other contributory causes of importance:

Bronchio pneumonia.

Was an operation performed? Yes Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. M. Robinson M. D.

(Address) Mercy Hosp.

✓ F 27356

27356 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Joseph's Hosp. Baltimore — Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph's Host St., 7-13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Boby Boy Radu — If U. S. Veteran specify WAR .....

(a) Residence: No. 744 North Patterson Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 9-14-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	1	✓

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anthony Francis Radu

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hilda Marie Kodas Radu

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anthony Francis Radu
(Address) 744 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Sept 16 1936

19. UNDERTAKER Commissioner Health.
(Address) ..... Eugene Williams M.D.

7 1936 2585

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-14-36, 19 ... to 9-15-36, 19 ...

I last saw h[illegible] alive on 9-15-36 Death is said to have occurred on the date stated above, at 4 33 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	✓

Other contributory causes of importance: none

Was an operation performed? Yes Date of 9-14-36

For what disease or injury? Stephenson Opening of Mastoid

Name of operation. Cervical Cesarean Date of 9-14-36

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) St. Josephs Hospital

✓ F 27357

27357 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2946 Edmondson Av 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. — mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Born here

2. FULL NAME Peregrine Gilbert Batsman none

(a) Residence: No. 2946 Edmondson Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male

3. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Ann Batsman

6. DATE OF BIRTH (month, day, year): Sept 17 - 1869

7. AGE: Years 66 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 459

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: John L. Batsman

14. BIRTHPLACE (city or town) (State or country): Cecil Co Md

15. MAIDEN NAME: Eliza Haslett

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mabel Batsman 2946 Edmondson

18. BURIAL, CREMATION, OR REMOVAL Place: Westview Cem. Date: Sept 17 36

19. UNDERTAKER (Address): W. F. Kirkwood Inc North & Penna. Ave.

20. FILED SEP 17 1936 Registrar

RKB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1935 to Sept. 15, 1936

I last saw h~~im~~ alive on Sept. 15, 1936. Death is said to have occurred on the date stated above, at 5.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis.	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Robert Keech M. D.

(Address) 2502 Eutaw Pl & Bv

27358 ✓ F 27358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Barclay St St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas J. Carney

(a) Residence: No. 2501 Barclay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Josephine B.

6. DATE OF BIRTH (month, day, year) Dec. 2 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Bank

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Savings Bk of Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Garrity

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Carney

(Address) 2501 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral 9/19/36

19. UNDERTAKER Wm. Frost

(Address) 1217 St Paul St

20. FILED 7 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10. 34 to Sept 17 36, 19..

I last saw her alive on Sept 17 36, 19.. Death is said to have occurred on the date stated above, at 1.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Sept 1936
Arteriosclerosis	Sept 1936
Chronic Nephritis	Sept 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1102 W. 25th St.

M. D. B 1268-9

✓ F 27359

27359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irene Fairmore

(a) Residence: No. Stevenson St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Fairmore

6. DATE OF BIRTH (month, day, year) Oct. 27-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll County Md.

FATHER

13. NAME Robert L. Green

14. BIRTHPLACE (city or town) (State or country) Carroll County Md

MOTHER

15. MAIDEN NAME Stella Irene Owings

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Harry Fairmore

(Address) Stevenson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Reisterstown, Md. Date 9/22, 1936

19. UNDERTAKER J. Wm. Loyd Co

(Address) 1217 St Paul St

20. FILED 9/17/1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Landry's Paralysis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 1917 E. North Ave.

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 27360

HEALTH DEPARTMENT—CITY OF BALTIMORE

27360

CERTIFICATE OF DEATH

141

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 32-66 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Green

(a) Residence: No. 419 E. 24th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hayes Green

6. DATE OF BIRTH (month, day, year) Jan. 1903

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Archer Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Hamilton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rose McComb

(Address) 620 Brant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bur Kenville Va Date 9/18, 1936

19. UNDERTAKER Carter Sanders

(Address) 1213 E. Preston St

17 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incomplete Abortion	

Other contributory causes of importance: Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept 2, 1936

Where did injury occur? 419 E. 24th St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inserted something in uterus,

Nature of injury Self induced abortion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1412 E. North Ave.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 27361 ✓ F 27361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2715 E. Madison St., (Ward) 7th

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Baur

(a) Residence: No. 2715 E. Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Baur

6. DATE OF BIRTH (month, day, year) Nov. 2 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Christian Engelbach

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Louisa Brunning

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT John J. Baur
(Address) 2716 E. Madison st

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Sept. 18 36

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans st

19 (Filed) ..... Huntington Williams M.D.
Registrar

P 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15 36

22. I HEREBY CERTIFY, That I attended deceased from April 16 1936 to Sept 15 1936

I last saw h e alive on Sept 15 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Neoplasm of Urinary Bladder (Cancer)

Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Victor Goldberg M. D.

(Address) 1524 N. Patterson Pk Ave

27362 F 27362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 W. 25th St., 17-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Loring Skelly

If U. S. Veteran specify WAR No Record

(a) Residence: No. 36 W. 25th St., ... Ward.

(Usual place of nbode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Raphael C Skelly

6. DATE OF BIRTH (month, day, year) Sept 16th 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary Cont

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hamel Warr Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 1934

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME Rev Amos S. Hammer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME May S. Boyle

16. BIRTHPLACE (city or town) (State or country) Butler Pa

17. INFORMANT Mrs May S. Hammer

(Address) 36 W. 25th St

18. BURIAL, CREMATION, OR REMOVAL Pl. Queens Acres Date Sept 16 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1936 to Sept 16 1936

I last saw h[illegible] alive on Sept 16 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance:

Metastasis

Was an operation performed? Yes Date of 2/19/36

For what disease or injury Removal of Breast

Name of operation Clean Resection of 2/19/36

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter C Bacon, M. D.

(Address) 100 E Wdfd

HEALTH DEPARTMENT—CITY OF BALTIMORE

27363 F 27363

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Apartments St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? 77 yrs 10 mos. 29 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Louise Gail Schmeisser

(a) Residence: No. Washington Apartments St., Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst Schmeisser

6. DATE OF BIRTH (month, day, year) October 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	77	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. W. Gail

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Felgner

16. BIRTHPLACE (city or town) (State or country) unknown Germany

17. INFORMANT Mr. W. C. Schmeisser (son)

(Address) 217 Northway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept 18, 1936

19. UNDERTAKER Stewart & Mowen Company.

(Address) 108 West North Ave.

[illegible] Registrar.

SEP 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1935 to Sept 16 1936

I last saw h[illegible] alive on Sept 15, 1936. Death is said to have occurred on the date stated above, at 5 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	?
Arteria Sclerotic heart disease with fibrillation (auricular)	1934
Cerebral hemorrhage	1935

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Tilden Howard M. D.

(Address) 12 E. Eager St.

27364 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 27364

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Walbert Apts St., 17-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. 7 mos. 2 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME George F. Mohrlein

(a) Residence: No. Walbert Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of Hattie Mohrlein

6. DATE OF BIRTH (month, day, year) Feby-11-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Retired
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Fort Duquesne Maryland

FATHER

13. NAME Casper Mohrlein
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Sisler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Julia Mohrlein (daughter)
(Address) Walbert Apt.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept-19 1936

19. UNDERTAKER Edward Maus Co.
(Address) 1020 Pennsylvania Ave.

20. FILED SEP 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-1936

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to Sept. 17 1936
I last saw alive on Sept-17- 1936. Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	July 36
Coronary Thrombosis	Sept 17 36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. L. Spence, M. D.

(Address) 1800 Liberty Hgts Ave.

27365

HEALTH DEPARTMENT—CITY OF BALTIMORE

27365

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Mercy Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-3 Ward)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth 78 yrs. 1 mos. 1 da.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Frederick L.W. Beck

(a) Residence: No. 2422 N Calvert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura A. Beck

6. DATE OF BIRTH (month, day, year) aug. 16 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md Germany

FATHER

13. NAME Frederick Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily Menrad

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr Beck

(Address) 2727 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Bell's Lemming Date Sept 19 19 36

19. UNDERTAKER Stewart & Mowen

(Address) 108 W. North Ave

20. FILED FEB 13 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936 to Sept 17, 1936

I last saw him alive on Sept. 17, 1936 Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept. 6,
Cardio Vascular Renal Disease	

Other contributory causes of importance:

Senility

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E.E. Jones, M. D.

(Address) Mercy Hospital

27366 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 27366

CERTIFICATE OF DEATH

Registered No. 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 90-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Ida Cohen

(a) Residence: No. 2553 Fredericks Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Paul

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Sol Sachs

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta Yaslowitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Sachs
(Address) 100 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date Sept 18 1936

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E Baltimore St

20. FILED SEP 18 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to Sept 16, 1936
I last saw her alive on Sept 16, 1936 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

Post operative paralytic ileus — Date of onset 9/13/36
Cardiac failure
Cholecystitis - Cholelithiasis

Other contributory causes of importance:
Essential Hypertension

Was an operation performed? Yes Date of Sept 9, 1936
For what disease or injury? Cholelithiasis
Name of operation Cholecystectomy Date of Sept 9,
What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. B. Moses M. D.
(Address) Sinai Hospital

27367

HEALTH DEPARTMENT—CITY OF BALTIMORE

27367

CERTIFICATE OF DEATH

82-a 17141

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Spafford

No Record

(a) Residence: No. 1110 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Spafford

6. DATE OF BIRTH (month, day, year) 3-31-1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balt. (State or country) Md.

FATHER

13. NAME T. Edward Bennett

14. BIRTHPLACE (city or town) Balt. (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 19th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

EP 18 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17th 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14 1936 to 9-17 1936

I last saw her alive on 9-17 1936 Death is said to have occurred on the date stated above, at 3 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Primary	9-16-36
Cerebral Hemorrhage	9-11-36

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Chas E. Barney M. D.

(Address) Baltimore City Hospitals

27368

HEALTH DEPARTMENT—CITY OF BALTIMORE

27368

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 Fenwick Rd 9-6 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Chas F. Strandberg

(a) Residence: No. 2742 Fenwick Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary E. Strandberg

6. DATE OF BIRTH (month, day, year) April 18th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 1934

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas F. Strandberg

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME E. Shephard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gertrude E. Stowe

(Address) 2742 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Sept 19th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED SEP 18 1936 ~~Registrar~~ Wilmer Lee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Sept 3 1936.

I last saw him alive on Sept 3 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	1934
Other contributory causes of importance:	
NO	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) Fritz J. Kramer M. D.

(Address) 2700 HARFORD ROAD

27369

F 27369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 819 E. Chase St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Bishop
If U. S. Veteran specify WAR
(a) Residence: No. 819 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. Susan Bishop

6. DATE OF BIRTH (month, day, year) November 15 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME Adam Bishop
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Susan Bishop
(Address) 819 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemy Date Sept. 19 1936

19. UNDERTAKER Henry Hoeck Sons Inc
(Address) 1303 E. Eager St Huntington Williams, W. Va.

SEP 18 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1936 to Sept 16 1936
I last saw him alive on Sept 16 1936 Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ch Nephritis	
Other contributory causes of importance: ch Prostatic Hypertrophy	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.
(Address) 733 Ainsworth St

F 27370

7370
318079

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 10-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilbert Meekins

(a) Residence: No. 1422 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-20-16

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Garfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Woolford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT R

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Crem 9-18 1936

19. UNDERTAKER Bryant Francis & Wright

(Address) 1218 N Caldeira St Williamsport, Md

Registrar.

SEP 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept 14 1936

I last saw him alive on Sept 14 1936. Death is said to have occurred on the date stated above, at 8:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (miliary tbc)	8-14-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frederick G Weber Jr. M. D.

(Address) Johns Hopkins Hospital.

F 27371 ✓ F 27371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Fleet St. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Wilhelmine Walker

(a) Residence: No. 3207 Fleet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Walker

6. DATE OF BIRTH (month, day, year) April 29, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Daniel Kirch

14. BIRTHPLACE (city or town) (State or country) Buffalo, N. Y.

MOTHER

15. MAIDEN NAME Amelia Lohman

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Miss Eva Walker
(Address) 3207 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Sept 19, 1936

19. UNDERTAKER John J. Ingram
(Address) 3000 E. Baltimore St. Huntington Maryland

[illegible] 19 ..... Registrar

SEP 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1936 to September 17, 1936

I last saw her alive on September 16, 1936 Death is said to have occurred on the date stated above, at 1:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Right Hemiplegia	2-25-36
Left Hemiplegia	9-13-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Young M. D.

(Address) 3021 Belair Road

7372 318382 ✓ F 27372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7-5 x 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Layman

(a) Residence: No. Catonsville St., Ward. md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	

5a. If married, widowed, or divorced HUSBAND of / WIFE of —

6. DATE OF BIRTH (month, day, year) 8-14-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Wilbur Layman
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Teresa Mc Donald
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date Sept 18 36
Woodlawn Cem
Easton Pa

19. UNDERTAKER Ellerslie
(Address) Huntington Md
(Signed)

FILED SEP 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936 to Sept 17, 1936
I last saw him alive on Sept 17, 1936 Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Diarrhea, non-specific	9-11-36
Septicemia	9-15-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Wm C. Stifler Jr. M. D.
(Address) Johns Hopkins Hospital

F 27373 F 27373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122a

1. PLACE OF DEATH Provident Hospital Registered No. 25-3

CITY OF BALTIMORE: (No. 2448 Annapolis ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Bailey If U. S. Veteran specify WAR

(a) Residence: No. 2448 Annapolis Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamie

6. DATE OF BIRTH (month, day, year) 1-16-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 yrs	9 8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender 0044

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8-30-36

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

FATHER

13. NAME Augustus Bailey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Christina Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Jamie Bailey (wife)
(Address) 2448 Annapolis Ave Mt Hope

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 21 1936

19. UNDERTAKER Charles G. Cooper
(Address) 974 N. Carlton St. Huntington Williams & Co

FILED 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1936 to Sept 16 1936
I last saw h[illegible] alive on Sept 16 1936 Death is said to have occurred on the date stated above, at 11:48 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	
Post Operative Hemiplegia (Right)	

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-N-36

For what disease or injury? Right Sided Stroke

Name of operation Hemiplegia Date of 9-15-36

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bradshaw Higgins M. D.
(Address) 2243 Madison Ave

27374

F 27374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Edgewood St. St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara B. Carter

(a) Residence: No. 713 Edgewood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew B. Carter

6. DATE OF BIRTH (month, day, year) Aug. 8, 1886.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Anthony J. Komenda

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Caroline Telhauser

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mr. Andrew B. Carter 713 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept. 19, 19 36

19. UNDERTAKER (Address) Harry F. Luttle 4101 Edmondson Ave.

Filed SEP 18 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to Sept. 16, 1936

I last saw h[illegible] alive on Sept 15, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1935
Other contributory causes of importance: Diabetes Mellitus	1935

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herbert F. Rheinard, M. D.

(Address) 6 East Biddle St.

F 27375

F 27375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E. Madison St. — 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Fields

If U. S. Veteran specify WAR .....

(a) Residence: No. 1528 E. Madison St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jesse Fields

6. DATE OF BIRTH (month, day, year): Expert Date Unknown

7. AGE: Years: Approx 70 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None (At Home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1900

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Hannah Cooke

(Address) 1528 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place: National Date: Sept 18 1936

19. UNDERTAKER: Robert W. Upchurch

(Address) 601 W. Caroline St.

Huntington Williams, M.D.

SEP 19 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1936 to Sept 16 1936

I last saw her alive on Sept 15 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchopneumonia 1310.	Complete
Nephritis	
Other contributory causes of importance:	
Senility 7302	
Myocarditis 9381	Complete 1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

R. J. Feeney M. D.

(Address) 1424 E. Monument St

F 27376

HEALTH DEPARTMENT—CITY OF BALTIMORE

18680
27376

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 157a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donna Knapp

(a) Residence: No. Vestal St., Ward. New York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 31/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9 Months	~~7~~ 8	18 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Leonard Knapp

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Florence Hayte

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Vestal N-Y Date 9/18/36

19. UNDERTAKER J A Mitchell
(Address) 1900 Eutaw place.

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to Sept 17, 1936
I last saw her alive on Sept 17, 1936 Death is said to have occurred on the date stated above, at 1120 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Birth
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 16-1936
For what disease or injury? Hydrocephalus

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David H Spong Jr M. D.
(Address) Johns Hopkins Hospital

F 27377.

F 27377.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Clemens

(a) Residence: No. 2413 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Aug 15-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0666

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louis Clemens

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Roderlager

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Anna Clemens (Wife)

(Address) 2413 Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 21 1936

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 40 36 Hoffman St

Huntington Williams M.D.

Registrar

SEP 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from September 1 1936, to September 17 1936

I last saw him alive on September 17 1936. Death is said to have occurred on the date stated above, at 9⁰⁰ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	1 yr
Other contributory causes of importance:	
Terminal Pneumonia	2 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M.D.

(Address) St Joseph's Hospital

F 27378

F 27378 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-2-a

Registered No. 12647

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 2-E Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Agnes Gorcki

(a) Residence: No. 1830 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Gorcki

6. DATE OF BIRTH (month, day, year) Dec 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Simon Novack

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Mary Lewandowska

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sep 17, 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Charles St

20. FILED 19

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/36

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1935 to 9-16, 1936

I last saw her alive on 9-16, 1936 Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-12-36

Other contributory causes of importance:

Hypertension	Unk
Cerebral Hemorrhage (Old)	"

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kerney M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

F 27379

27379 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sadie I. Leppo

(a) Residence: No. Patapsco Carroll Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H/W

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Sprinkle

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Paul Leppo (Address) Patapsco Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cem and Date Sept 20 1936

19. UNDERTAKER St. Francis Rese (Address) Westminster Md.

8 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. H. Bratton M. D.

Coroner

(Address) 2737 W. Lom

15457

F 27380

27380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME James E. Jones

(a) Residence: No. 1833 Orleans St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice (Deceased)

6. DATE OF BIRTH (month, day, year) 8-10-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME James

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Rachael Jones

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Sept 18 1936

19. UNDERTAKER Commissioner Health.
(Address)

Filed SEP 18 1936 Huntington Williams Registrar

2584

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1935 to 9-10 1936

I last saw h. I'm alive on 9-10 1936 Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-8-36
Progressive Cerebral Thrombosis	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm L. Kanney M. D.
(Address) Baltimore City Hospitals

F 27381

27381 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-4 95-B

Registered No. 17041

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Kelley

(a) Residence: No. 909 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, year) 4/11/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis Kelley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place J. Hurd Cemetery Date Sept 18, 1936

19. UNDERTAKER [illegible] Balto.
(Address)

For Wm. B. Wood, M.D.
Registrar

SEP 18 1936

(230)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12/36

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1936, to 9-12, 1936

I last saw him alive on 9-12, 1936. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema — Date of onset 9-12-36
Hypertensive Heart Disease — 1935 (?)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

27382 F 27382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. [illegible] Ward) 1658

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Johnson

(a) Residence: No. Homeless St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/31/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	66	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

FATHER

13. NAME Henry Johnson (d)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Peterson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Sept 18. 1936

19. UNDERTAKER [illegible]
(Address)

[illegible] 19 [illegible] (Registrar)

SEP 18 1936

2500

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 11 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 8 - 22 . 1936 to 9 - 11 . 1936

I last saw him alive on 9 - 11 . 1936 Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma 12th Dorsal Vertebra (Primary site unknown)	?
Other contributory causes of importance:	
Paralysis below 12th Dorsal vertebra	7-1-36

Was an operation performed? Yes Date of 9-11-36

For what disease or injury? Carcinoma of 12 Dorsal Vertebra

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. G. Brantigan, M. D.

(Address) Baltimore City Hosp.

C. G. Brantigan

M. D. B. 1268-9

F 27383

F 27383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 104 S Caulbert St. 20-7 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alden P Holden

(a) Residence: No. 104 S Caulbert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen M Holden

6. DATE OF BIRTH (month, day, year) Aug 28 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Lyman Holden

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Ellen M Holden
(Address) 104 S Caulbert

18. BURIAL, CREMATION, OR REMOVAL
Place Catalpa Cem Date 9/19 19 36

19. UNDERTAKER Fayette Fadely & Fletcher Forsythe
(Address)

20. FILED 19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1935 to September 17 1936

I last saw him alive on September 16 1936. Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Chronic Hypertension	1931
Cerebral Hemorrhage	4/4/35
Cerebral Hemorrhage	9/14/36

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elias W. Johnson M. D.

(Address) 345 S Fredk Ave

M. D. B. 1268-2

27384

F 27384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hosp. 6 1/31

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Grace Griffin

(a) Residence: No. 2640 Edmondson Avenue, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Griffin

6. DATE OF BIRTH (month, day, year) March 10 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81 yrs.	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph B. Thompson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

MOTHER

15. MAIDEN NAME Lavenine Starkey

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Jenkins Memorial Hosp. (Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery 9/19/36

19. UNDERTAKER Gray & Taylor (Address) Eutaw & Lexington Sts.

20. FILED SEP 18 1936 Clifton T. Perkins M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Sept. 17, 1936

I last saw her alive on Sept. 16 1936 Death is said to have occurred on the date stated above, at 2:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget's Disease	1927
Chronic Glomerular Nephritis	1930
Arteriosclerosis - Generalized	1928
Cardio - Vascular Failure	9-16-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis H. Llewellyn M. D.

(Address) St Agnes Hospital

F. 27385

27385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospt.

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret R. Guerin

(a) Residence: No. 102 East 22nd. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Matthew Guerin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial (Address) 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 19 1936

19. UNDERTAKER Vida Woodland (Address) 914 Gorsuch Ave Huntington Pittsburgh

FILED SEP 18 1936 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Sept 16 1936

I last saw her alive on Sept 16 1936 Death is said to have occurred on the date stated above, at 1 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans.	1927
Pulmonary Tuberculosis.	1920
Cachexia	1936
Cardio-Vascular Failure	9/15/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. J. Llewelyn M. D.

(Address) St. Agnes Hospital

F 27386

27386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

13599 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Howard

(a) Residence: No. 1311 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Howard

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home about 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country) Md.

FATHER

13. NAME Joseph Reed

14. BIRTHPLACE (city or town) ?
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hanson

16. BIRTHPLACE (city or town) ?
(State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hall Md. Date 9/19 1936

19. UNDERTAKER P. C. Richardson + Co 2 jac.
(Address) 1120 Druid Hill Ave.

19 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1936 to 9-16 1936

I last saw h er alive on 9-16 1936. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9-11-36
Hypertension - Cardio - renal disease	Unk

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

27387

M. D. B 1268-9

27387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 70-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Joseph L. Fitzpatrick

(a) Residence: No. 210 S Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5-7-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Phila Md

MOTHER FATHER

13. NAME John Fitzpatrick

14. BIRTHPLACE (City or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Goodwin

16. BIRTHPLACE (City or town) (State or country) Ireland

17. INFORMANT Mrs Agnes Muse

(Address) 210 S Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Cem Cathedral Date Sept 21 1936

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave

20. [illegible] Huntington Williams [illegible]

P 18 1936

MEDICAL CERTIFICATE OF DEATH 10 23 AM

21. DATE OF DEATH (month, day, year) 9-17-36 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Leg	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury: 9-16-36

Where did injury occur? Phila Road & Moore Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by Auto while walking on Road by Hit & run driver

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley Coroner

(Address) 907 N. Calhoun St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27388

F 27388 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Carey St. St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold Leslie Stewart

(a) Residence: No. 619 N. Carey st. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 19th. 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edgar Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Hazel Jenkins

16. BIRTHPLACE (city or town) (State or country) New York, N.Y.

17. INFORMANT (Address) Hazel Stewart 619 N. Carey st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9/19. 1936

19. UNDERTAKER Lamb, McClosky & Lamb

(Address) 638 N. Eutaw

18 1936 ... Eutaw ... Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 19 36 Sept. 18 19 36

I last saw him alive on Sept. 18th. Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Sept. 14 1936
Whooping Cough	Aug. 1st 1936
Other contributory causes of importance:	

Name of operation Physical Exam. Date of ... No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Walter ... M. D.

(Address) 1024 ...

OBSERVATION IS VERY Important. See instructions on back of certificate.

F 27389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27389

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Van Daniker

No War Record

(a) Residence: No. 702 W Baltimore St., Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J Van Daniker

6. DATE OF BIRTH (month, day, year) ? ? ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August Schrib

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lauer ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julia Deatrich

(Address) May Fair Inn Howard Co

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Sept 21st 1936

19. UNDERTAKER William Leavitt

(Address) 217 St. Paul Street

20. FILED SEP 19 1936 19 Ethel Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/16/36 . 19 . to 9/18 . 1936

I last saw her alive on 9/16 . 1936. Death is said to have occurred on the date stated above, at 6.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Arteriosclerosis	?
Senility	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis T. Leary, M. D.

(Address) Church Hospital

F 27390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39 F 27390

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 10 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Morgan Jordan

(a) Residence: No. 1830 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/27/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John Walker

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Beatrice Jordan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Providence Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place MT CAL. Date 9-19 1936

19. UNDERTAKER F. C. Richardson
(Address) 1120 Druid Hill Ave

[illegible] Lillington Williams, Registrar

SEP 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.16 1936

22. I HEREBY CERTIFY, That I attended deceased from 7.29.36 19.. to 9.16 1936

I last saw him alive on 9.16 1936. Death is said to have occurred on the date stated above, at 8.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9.11.36
Rat-bite fever	6.14.36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. L. Jackson, M. D.

(Address) 600 N. Hilinyton

Spec.—1-12-23— M&T —500 Blks.

27391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106-13

F 27391

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3301 (Street) Lorden 25-6 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Mayo

(a) RESIDENCE NO. 3301 Lorden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Thomas Mayo

6 DATE OF BIRTH (month, day, and year): Oct 10

7 AGE: Years 66; Months 11; Days 6; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N C

PARENTS

10 NAME OF FATHER: Gaston Pickett

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER: Jennie Gidney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

14 Informant (Address): Herbert Mayo 3301 Lorden Ave

15 Filed SEP 19 1936 Registrar: Estie Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 — 1936

17

I HEREBY CERTIFY, That I attended deceased from Aug 1 — 1936 to Sept 16 — 1936

that I last saw h[illegible] alive on Sept 16 — 1936

and that death occurred, on the date stated above, at 10:50 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Emphysema

Arteriosclerosis

(duration) yrs. 11 mos. 16 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. T. Coleman M. D.

(Address) 1239 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cmetry — DATE OF BURIAL: Sept 20 19 36

UNDERTAKER: Robert A Williams — ADDRESS: 25-15 11th St Astoria L I

FROM is very important. See instructions on back of certificate.

27392 68
318 68

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27392

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

2. FULL NAME Olivia Alston

(a) Residence: No. 1632 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-5-27

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Calvin Alston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eva Price

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 20 1936

19. UNDERTAKER Peter F Whalen
(Address) 1515 McCulloh St

19 Huntington Williams, M.D.
Registrar.

P 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1936 to Sept 18, 1936

I last saw her alive on Sept 18, 1936 Death is said to have occurred on the date stated above, at 350 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	8-28-36
Miliary tuberculosis	9 1 36
	9 4 36

Other contributory causes of importance:

Bronchopneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? spinal fluid Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stiles, Jr. M. D.

(Address) Johns Hopkins Hospital

27393 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 27393

CERTIFICATE OF DEATH

X 51-B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH So. Balto. Gen. Hosp. 24-3

CITY OF BALTIMORE: (No. 1213 Light St. Ward)

Length of residence in city or town where death occurred ..... yrs. ~ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elmer L. Naille Jr. Edgewood Md

(a) Residence: No. 105 Sherwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah E. Steele

6. DATE OF BIRTH (month, day, year) Feb 10 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton Md.

FATHER

13. NAME Samuel Naille

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Shriver

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edith N. Whyte

(Address) 3317 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept. 21 1936

19. UNDERTAKER John Burnside & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 .....

SEP 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-24-36. 19..... to 9-18-36. 19.....

I last saw him alive on 9-17-36. 19..... Death is said to have occurred on the date stated above, at 12 M. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	
	4/36
Other contributory causes of importance:	

Was an operation performed? yes Date of 8-31-36

For what disease or injury? Prostatic hypertrophy-cure

Name of operation Resection of Prostate Date of 8-31-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James L. Webb M. D.

(Address) S. Balto. Gen. Hospital
1213 Light St.

27394 1265-b

F 27394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Fed. Balto. Gen. Hospital 70-5 165 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Helen Hannstein If U. S. Veteran specify WAR

(a) Residence: No. 302 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Hannstein

6. DATE OF BIRTH (month, day, year) June 9 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Luckemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah McCausland

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Conrad J. Hannstein
(Address) 302 Fremont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept. 19- 1936

19. UNDERTAKER J. B. Hilbert & Son
(Address) 13 E. Eutaw Place

Filed SEP 19 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? suicide Date of injury 9/14, 1936

Where did injury occur? 302 Fremont Ave. Balto City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home (basement)

Manner of injury hanging by rope,

Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hann, M. D.
Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

P 19 1936

27395

F 27395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 S. Ellwood Ave. St. 1-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nora Shearan

(a) Residence: No. 1017 S. Ellwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Shearan

6. DATE OF BIRTH (month, day, year) Feb 22/1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Jonis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Harry Smith (Brother)
(Address) 2920 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 20. 1936

19. UNDERTAKER Lilly & Sailer Inc
(Address) 20 S. Eutaw St.

20. FILED ..... 19 ..... Registrar. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance: Probably Chronic Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. Truehart Coroner, M. D.

(Address) 605 Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 27396

✓ F 27396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Furrow St. W-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olga Schermisky

If U. S. Veteran specify WAR .....

(a) Residence: No. 321 Furrow St., ... Ward. .....

(Usual place of abode) 40 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Christopher

6. DATE OF BIRTH (month, day, year): not known

7. AGE: Years: 70 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Catherine E. Schermisky

(Address) 321 Furrow St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Sept. 21. 1936

19. UNDERTAKER: John Greblinckas

(Address) 1423 [illegible] St.

..... 19 .....

Registrar

9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 18. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1936 to Sept. 18 1936

I last saw her alive on Sept 17 1936 Death is said to have occurred on the date stated above, at 8.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	Unknown
Other contributory causes of importance:	
Acute Dilatation	Sept 18

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur Blake M. D.

(Address) Med. Arts Bldg

31865 3
27397

HEALTH DEPARTMENT—CITY OF BALTIMORE

27397

46-F

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Murray

(a) Residence: No. 113 S Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Robert Murray

6. DATE OF BIRTH (month, day, and year) (Sept 20, 1879) 4-30-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records (Address) Mrs Anna Williams 1113 S Eaton St

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Cem. Date Sept. 21 1936

19. UNDERTAKER Easton Bros (Address) 2 West City

SEP 19 1936 [illegible] Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936 to Sept 18, 1936

I last saw her alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 12.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis. Probable carcinoma of pancreas.	9-15-36

Other contributory causes of importance:

Pneumonia - post-genatia

Was an operation performed? Yes Date of 9-15-36

For what disease or injury? Exploration

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David H Stroud M. D.

(Address) Johns Hopkins Hospital

F 27398

F 27398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward).
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr John F Himkey.
If U. S. Veteran specify WAR

(a) Residence: No. 1336 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Himkey.

6. DATE OF BIRTH (month, day, year) July 9. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Erlanger B & D Co.

10. Date deceased last worked at this occupation (month and year) Sept. 8. 1936

11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (city or town) (State or country) Anna Arundel Co. Md.

FATHER

13. NAME John Matthew Himkey.

14. BIRTHPLACE (city or town) (State or country) Anna Arundel Co. Md.

MOTHER

15. MAIDEN NAME Mary J. Mcknew.

16. BIRTHPLACE (city or town) (State or country) Anna Arundel Co. Md.

17. INFORMANT Mrs Mary F Farmer
(Address) 1263 James St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date SEP 21 1936

19. UNDERTAKER Leo N Little
(Address) 2700 Edmondson Ave.

20. FILED SEP 19 1936, 19 Registrar

OCCUPATION is very important. See instructions on BACK of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/13/36. 19 to 9/17/36. 19

I last saw h. alive on 9/17/36. 19 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Kidney	?
Arterio sclerotic C-V disease	4 yr.
	?

Other contributory causes of importance:
Hypertrophied prostate.

Was an operation performed? None. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Josiah A. Hunt. M. D.
(Address) Maryland General Hospital

F 27399

F 27399 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME John Lundstrom

(a) Residence: No. 725 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartermaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 10 8th

10. Date deceased last worked at this occupation (month and year) Dec 36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nosfelt Iceland

FATHER

13. NAME Andre Lundstrom

14. BIRTHPLACE (city or town) (State or country) Iceland

MOTHER

15. MAIDEN NAME Sigrid Northblum

16. BIRTHPLACE (city or town) (State or country) Iceland

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Matthews Date Sept 9 1936

19. UNDERTAKER (Address) John Ellicott Sons & Allegany Huntington Williams, Agts

Registrar

P 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1936, to September 16, 1936

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, myocarditis, chr.	Unknown
Arteriosclerosis, General	H
Other contributory causes of importance: Hemiplegia, cause arteriosclerosis	1

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. Anderson M. D.

(Address) U.S. Marine Hospital

F 27400
M. D. B 1268-9

✓ F 27400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH St Joseph's Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 5-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Thomas

(a) Residence: No. 1837 6 Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helena Thomas

6. DATE OF BIRTH (month, day, year) 3/22 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lost Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Thomas
(Address) 4204 Roth Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 21, 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Belleau Ave

Huntington Williams M.D.
Registrar.

20. FILED SEP 19 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probable Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Date of injury Sept 17 1936

Where did injury occur? 4200 Block Roth Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by automobile while walking

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Gentry Autopsy M. D.
Coroner

(Address) 107 N. Charles St

F 27401 ✓ F 27401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 11963

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-3 Ward)

Length of residence in city or town where death occurred 85 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lupton

(a) Residence: No. 107 S. Poppleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. A Lupton

6. DATE OF BIRTH (month, day, year) 9-30-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hargrove

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL St Peters Cem Date Sept 22 36

19. UNDERTAKER John Ullrich & Son
(Address) 2008 Arlington Ave Huntingtown Pikesville Md

20. FILED SEP 19 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1934 to 9-18 1936

I last saw him alive on 9-18 1936 Death is said to have occurred on the date stated above, at 10 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/8/36
Senility	Unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

27402

F 27402

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH Northwestern District Station, Police Hospital
CITY OF BALTIMORE: (No. ..... St., 139 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter C. Jones
if U. S. Veteran specify WAR .....

(a) Residence: No. 3147 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Jones

6. DATE OF BIRTH (month, day, year) March? 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma L. Jones
(Address) 3147 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept 21, 1936

19. UNDERTAKER Thomas Kane & Son
(Address) 1911 Eastern Ave

Sept 19, 1936 H. E. Tipton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above. 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/18/1936
Where did injury occur? Northwestern Police Station
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Northwestern Police station
Manner of injury Hung self with belt
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Hagen, M. D. Coroner
(Address) 1215 Fawn St

OCCUPATION is very important. See instructions on back of certificate.

F 27403

F 27403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Patapsco St., 23rd Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Doyle S. Roby

(a) Residence: No. 1803 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Roby

6. DATE OF BIRTH (month, day, year): Oct. 3, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Evaporator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Ind. Alcohol Co. Inc.

10. Date deceased last worked at this occupation (month and year): Sept. 1, 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): W. Va.

FATHER

13. NAME: Sylvanus Roby

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Mary Doyle

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Mrs. Wm. H. Biedebach

(Address) 1803 Patapsco St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Cem. Cumberland, Md. Date Sept. 21, 1936

19. UNDERTAKER: John A. Henry

(Address) 715 Light St.

Filed SEP 19 1936 A. E. Lenton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936 to Sept 18, 1936

I last saw her alive on Sept 17, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Other contributory causes of importance: Acute Bronchitis Bronchial asthma	2 mo ago.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Lichtenberg M. D.

(Address) 2 W. Mt. Madison Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 27404 ✓ F 27404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-C

Registered No. 77-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Danehey

If U. S. Veteran specify WAR ...

(a) Residence: No. 5402 Ready Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-2-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Noah Jefferson

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Gardner

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date Sept 21 1936

19. UNDERTAKER Hamilton Wolfe

(Address) 3142 W. Lafayette Ave

Huntington Wolfe

(Signature)

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-11 1936 to 9-18 1936

I last saw her alive on 9-18 1936 Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, large intestine	1935
c intestinal obstruction	1936
Other contributory causes of importance:	
Generalized arteriosclerosis	1920(?)

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19 ...

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) D. Freeman, M. D.

(Address) Mercy Hospital.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 27403

F 27405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 S. Chester St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. if of foreign birth? ....yrs....mos....ds.

2. FULL NAME Albert Louis Patro, Jr.

(a) Residence: No. 201 S. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 18, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 40 min.
—	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Louis Patro

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julia Agnes Murphy

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Albert Louis Patro
(Address) 201 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Cem. Date Sept 19 1936

19. UNDERTAKER Stabinski & Lewandowski
(Address) 1600 N. Rendon St.

Filed Sept 19 1936, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1936, to Sept 18, 1936

I last saw h.. alive on Sept 18, 1936 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
7 moc. Premature	Born 8:05 AM
(Miscarriage caused by too strenuous activity)	DIED 5:45 PM

Other contributory causes of importance:
Asphyxia from the use of morphine in the attempt to prevent the miscarriage

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

Signature Joseph F. Arenga M. D.
(Address) 209 S. Chester St.

OCCUPATION is very important. See instructions on back of certificate.

P 19 1936

F 27406 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27406

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospt 19-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ellen Fealey

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 S Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colute	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late David Fealey

6. DATE OF BIRTH (month, day, year) January. 1872.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 20 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John Moulfe

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary Kumler

(Address) 115 S Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. 9/21/36

19. UNDERTAKER John J Logan & Son

(Address) 1901 Hollins St.

20. FILED SEP 19 1936 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16-, 36

22. I HEREBY CERTIFY, That I attended deceased from 9/2, 1936 to 9/18, 1936

I last saw h.er alive on 9/18, 1936 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. Disease	
Acute pulmonary edema	
Cachexia neoplastica	

Other contributory causes of importance:

Secondary anemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B March, M. D.

(Address) Bon Secours Hosp

O.K. – Paul Hunter, M.D.

27407

HEALTH DEPARTMENT—CITY OF BALTIMORE

27407

CERTIFICATE OF DEATH

+ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 47-20 Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gustavus A. Crone

(a) Residence: No. 6216 Biltmore Ave. St., ... Ward. .....
(Usual place of abode) New York City (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 3, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Government

9. Industry or business in which work was done, as mill, saw mill, bank. Asst.-Customs Appt.-N.Y.

10. Date deceased last worked at this occupation (month and year) 1904

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Herman Crone

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. D. Crone
(Address) 6216 Biltmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Pittsburgh, Pa. Date Sept 20 1936

19. UNDERTAKER David Stonebraner Co.
(Address) 902 Eutaw Place

SEP 19 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1936

I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to Sept. 18, 1936

I last saw h in alive on Sept. 18, 1936. Death is said to have occurred on the date stated above, at 6 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Angina Pectoris	
2. Coronary Embolus	
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 30, 1936

For what disease or injury? Fractured Hip

Name of operation Open Reduction Date of Sept 20, 36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury Sept 18, 1936

Where did injury occur? 6216 Biltmore Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Kubelz, M. D.

(Address) Sinai Hospital

F 27408

HEALTH DEPARTMENT—CITY OF BALTIMORE

3187 25
27408

CERTIFICATE OF DEATH

V 51-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leslie Day

(a) Residence: No. Liberty Rd Md St., Airy Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	-

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 9-27-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl Day

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pearl Wright-

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Taylorsville Cem. Date Sept 21, 36

19. UNDERTAKER C. M. Waltzinger
(Address) Penfield Md.

Registrar.

20 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Sept 19, 1936

I last saw him alive on Sept 19, 1936 Death is said to have occurred on the date stated above, at 245 A m.

The principal cause of death and related causes of importance were as follows:

Neuroblastoma of Adrenal with Metastases to bones and Brain. — Date of onset Aug 10 '36

Other contributory causes of importance:

Increased Intracranial Pressure — Sept '36

Anemia — April '36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Wilson Jr. M. D.

(Address) Johns Hopkins Hosp. Balto.

16482

F 27409

27409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 18-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Lottie Lee

(a) Residence: No. 27 S. Arlington Ave. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry (Deceased)

6. DATE OF BIRTH (month, day, year) 12-15-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Arthur

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anna Durham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Mt. Date Sept 19 19 36

19. UNDERTAKER

(Address)

20 1936 [illegible] Registrar

2583 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1936 to 9-9 1936

I last saw h[illegible] alive on 9-9 1936 Death is said to have occurred on the date stated above, at 9-40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1 yr
Other contributory causes of importance: Ascites	6 mo

Was an operation performed? ud Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Physical Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. A. Brewer M. D.

(Address) Balt. City Hosp.

F 27410

27410 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 127

Registered No. XX

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Seth Summerson

(a) Residence: No. 1002 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/18/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Seth Summerson, Sr.

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Eliza Setler

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med. School Date Sept 19 1936

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

SEP 20 1936

~~E. Eugene Williams~~

258 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 12 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-27 . 1933 to 9 - 12 . 1936

I last saw him alive on 9 - 12 . 1936 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	9-5-36
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. G. Brantigan . M. D.

(Address) Baltimore City Hosp.

27411 F 27411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary ~~Schiefer~~ Schild

If U. S. Veteran specify WAR .....

(a) Residence: No. St Josephs Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Philip Schild

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Hartman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Records of St Josephs Hospital Catherine & Ever Sts

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Sept 21 1936

19. UNDERTAKER (Address) Henry J Reed (Sons, Inc. 1301 E Fayette St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936 to Sept. 19, 1936

I last saw her alive on Sept. 14, 1936. Death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Chronic Myocarditis	

Other contributory causes of importance:

Terminal Bronchopneumonia	1 day

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

20 1936

F 27412

27412 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721½ Belle Ave. 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Appel

(a) Residence: No. 3721½ Belle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	√√			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Phillip

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Pk. Date 9/20/36

19. UNDERTAKER Jos. Levy & Sons
(Address) 1137 E. Balto St.

20. FILED 9-19-1936 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1936 to Sept. 19th 1936

I last saw her alive on Sept. 19th 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINO-	
-ADENOMA of DESCENDING COLON	MAR. 1936
Other contributory causes of importance:	
MYOCARDIAL FAILURE	

Was an operation performed? YES Date of JUNE, 1936

For what disease or injury? CARCINOMA of BOWEL

Name of operation COLOSTOMY Date of JUNE 1936

What test confirmed diagnosis? OPERATION Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frances Dr. Gilling M. D.

(Address) 24 E. Preston St.

No. 27413 Entered

27413 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Aisquith St., 5-1 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 35 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Clarman

(a) Residence: No. 503 Aisquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Frames

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Bus.

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 9/20/36

19. UNDERTAKER Jos. Levering Inc.
(Address) 1439 E. Baltimore St.

20. FILED SEP 20 1936 Huntington Hillman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-36 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1936, to Sept 19, 1936

I last saw h. alive on Sept 17, 1936. Death is said to have occurred on the date stated above, at 2:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Nephritis	over
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney Q. Levy M. D.

(Address) 2324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 27414

27414 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 14 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dessha Deutch

(a) Residence: No. 1503 Baker St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced: (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Deutch

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riga

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Riga

MOTHER

15. MAIDEN NAME Tobie

16. BIRTHPLACE (city or town) (State or country) Riga

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ferncliff Cem. Date 9-20-36

19. UNDERTAKER Isaac Lewis Inc.
(Address) 1431 E. Baltimore St

SEP 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936, to Sept 16, 1936

I last saw her alive on Sept 16, 1936 Death is said to have occurred on the date stated above, at 7 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	9/9/36
Pulmonary edema	9/12/36
Methemoglobinemia	9/1/36
Other contributory causes of importance:	
Hypertension	3 at, 1926

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) A. S. Schwartz, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 27415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27415

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5118 Cordelia Ave St. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Phillip Salsan

(a) Residence: No. 5118 Cordelia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59 5-4 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sidney Salsan

(Address) 5118 Cordelia

18. BURIAL, CREMATION, OR REMOVAL

Place Bella Vista Date 9/29/36

19. UNDERTAKER Jack Kent Inc.

(Address) 1139 E. Baltimore St.

20 1936 Washington Hill Manager

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1921 to Sept. 17 1936

I last saw him alive on Sept 14 1936 Death is said to have occurred on the date stated above, at 6-10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Acute
Coronary Thrombosis	5 mos
Other contributory causes of importance:	
Diabetes Mellitus	1921

Was an operation performed? Null Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eugene Heapard M. D.

(Address) 200 W Lafayette Ave

OCCUPATION is very important. See instructions on back of certificate.

F 27416

27416 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

51-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Silverberg

(a) Residence: No. 700 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. Rd. Date 9/20/36

19. UNDERTAKER Jack Lamb Inc.
(Address) 1439 E. Baltimore St.

RECEIVED
SEP 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 18, 1936.

I last saw him alive on Sept 17, 1936. Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papilloma of Urinary bladder (Malignant (?) sections to be examined)	
Pyelonephritis, chronic, bilateral	
Other contributory causes of importance:	
Acute Pyelonephritis	
Myocardial degeneration - Bundle branch block	

Was an operation performed? yes Date of 9/15/36

For what disease or injury? Bladder tumor

Name of operation Suprapubic cystotomy Date of 9-15-36

What test confirmed diagnosis? Cystoscopy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ben Klotz, M. D.

(Address) Med. Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

20 1936

F 27417

F 27417 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 47-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Grover

(a) Residence: No. Fullerton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Grover

6. DATE OF BIRTH (month, day, year) Dec. 2 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 20 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME John Richards

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas E Grover (Address) Fullerton Md

18. BURIAL, CREMATION, OR REMOVAL Place Forest Memorial Date Sept 21 1936

19. UNDERTAKER Chas E. Arthur (Address) Forest Md

20 1936 Arlington Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936 to Sept 19, 1936

I last saw her alive on Sept 16, 1936 Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung	?
Arteriosclerosis	?

Other contributory causes of importance:

Chronic Myocardial disease	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank B Stephenson M. D.

(Address) St Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

(Stuebler) ✓ F 27418

F 27418 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 S. Robinson St., 1-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Stuebler (Stuebler) If U. S. Veteran specify WAR

(a) Residence: No. 336 S. Robinson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Stuebler

6. DATE OF BIRTH (month, day, year) Dec. 3 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Lechner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Lauch

(Address) 336 S. Robinson

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/21 1936

19. UNDERTAKER Lemmon M. Conklin

(Address) 324 S. Eutaw St

Huntington Williams

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to Sept 17 1936

I last saw her alive on Sept 17 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	

Other contributory causes of importance:

Extensive Pleuro Pneumonia Myocardial Insuffic

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. V. Kelly M. D.

(Address) 1000 N Linwood Ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 27419

27419 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 E Monument St., 7-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F. Stalle Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2611 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Glendaf Stalle

6. DATE OF BIRTH (month, day, year) June 6 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman Piston

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alma Manufg Co

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Stalle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Agnes Stalle

(Address) 2611 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cemy Date Sept 22 1936

19. UNDERTAKER Edmund F. Conklin

(Address) 2241 E. Eager St.

20 1936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936, to Sept 19, 1936

I last saw him alive on Sept 19, 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral hemorrhage	2/21/36
Pulmonary tuberculosis	Jan 1936
Rectal abscess	July 1936
Other contributory causes of importance:	
Chronic Nephritis	?
Hypostasis; secondary to anemia	?

Was an operation performed? Yes Date of July 1936

For what disease or injury? Rectal abscess

Name of operation Incision + drainage Date of July 1936

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm F. Klinge M. D.

(Address) 2623 E. Monument Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27420

F 27420 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

28-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Milford Ave. St. 28-2 Ward)

60

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Agnes Nooney

(a) Residence: No. 3105 Milford Ave. St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Nooney

6. DATE OF BIRTH (month, day, year) Oct. 11, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashland, Balto.Co. Md.

FATHER

13. NAME Daniel Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John D. Nooney

(Address) 3105 Milford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/21/36 19

19. UNDERTAKER C. Vernon Lemmon,

(Address) 4611 Park Heights,

Registrar.

FILED SEP 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17/ 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to September 17, 1936

I last saw h[illegible] alive on September 17, 1936. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	3/36

Other contributory causes of importance:

Senile Changes	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John D. Nooney M. D.

(Address) 4600 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Quill)

F 27421

27421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Archer St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel E Quill

(a) Residence: No. 628 Archer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Quill

6. DATE OF BIRTH (month, day, year) Feb 29 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tile Factory

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation. 20

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

FATHER

13. NAME Samuel Quill

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

MOTHER

15. MAIDEN NAME Bailey

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

17. INFORMANT Sarah E Quill

(Address) 628 Archer St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/20/36 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED SEP 19 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1936 to 9/17 1936

I last saw h~~im~~ alive on 9/16 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
of Mouth	
2 y cars	

Other contributory causes of importance:

Name of operation Johns Hopkins Hospital Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dant Drawbaugh M. D.

(Address) 1717 N Eu

M. D. B. 1268-3

27422 ✓ F 27422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-5-X122-B

1. PLACE OF DEATH Church Home & Inf. (6-5)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Eva P. Bishop

(a) Residence: No. Mayfair House, Lincoln Drive, Germantown, Pa. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Oakley M. Bishop

6. DATE OF BIRTH (month, day, year) Jan. 20, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Sept., 1931

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Monticello Georgia

MOTHER FATHER

13. NAME Monroe Phillips

14. BIRTHPLACE (city or town) (State or country) Monticello Georgia

15. MAIDEN NAME Lola Mercer

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mrs Eva P. Bishop

(Address) Deceased

18. BURIAL, CREMATION, OR REMOVAL

Place Christiansburg, Va. 9/20 1936

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St.

20. FILED Huntington Williams, Registrar.

9/23 1936

Via Pennsylvania Railroad Escort - Dr. John L. Bishop

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1936 to Sept. 18, 1936

I last saw her alive on Sept. 18, 1936 Death is said to have occurred on the date stated above, at 10:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction, post-operative	9/17/36
Other contributory causes of importance: Toxemia	9/17/36

Name of operation Hysterectomy & Enterostomy Date of 9/10/36

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

✓ F 27423

F 27423 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mrs Ella Bertholet. (Bertholet) If U. S. Veteran specify WAR .....

(a) Residence: No. 21 W. Chase St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Pierre Bertholet

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	58	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Parkersburg West Virginia

FATHER

13. NAME: Jacob Kesterson
14. BIRTHPLACE (city or town) (State or country): -------- Virginia

MOTHER

15. MAIDEN NAME: Not obtainable
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Pierre Bertholet
(Address): 21 W. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cemetery Date: 9/22 1936

19. UNDERTAKER: Henry H. Mears & Son
(Address): 805 N. Calvert St.

20 1936 Huntington Pittsman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/15/36, 19 to 9/19/36, 19

I last saw h[illegible] alive on 9/19/36, 19. Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C-Vdisease	
Chronic Nephritis	7.

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Josiah A. Hunt M. D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 27424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27424

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Penhurst Ave St. 26-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? 77 yrs. 3 mos. 11 ds.

If U. S. Veteran specify WAR None

2. FULL NAME Margaret Elizabeth Fawcett

(a) Residence: No. 4215 Penhurst Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 7 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Dr. Chas. Fawcett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Stephenson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary A. Fawcett (Sister)
(Address) 4215 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 21 1936

19. UNDERTAKER Sherwood & Mortuary Co
(Address) 1201 Pennsylvania Ave.

SEP 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to Sept 18 1936

I last saw her alive on Sept 18 1936 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver, clinical diagnosis	July 36
Contributory causes of importance: Bronchial pneumonia, coma	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Autopsy? there was no autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) H. J. Love M. D.

(Address) 2211 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 27425

27425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital Balt St., 7th (Ward) 17
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Rubin # 2

(a) Residence: No. 2915 Oakley Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md USA

FATHER
13. NAME Morton Rubin
14. BIRTHPLACE (city or town) (State or country) New York City N.Y. U.S.A.

MOTHER
15. MAIDEN NAME Frieda Martin
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Husband - Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Sept 20 1936

19. UNDERTAKER Sol Lennon Bros
(Address) 1127 E Balto St

[illegible] Huntington and Williams Sept 20 1936

H

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936 to Sept 18, 1936
I last saw him alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 7 05 a.m.

The principal cause of death and related causes of importance were as follows:
Congenital Atelectasis
Prematurity

Date of onset

Other contributory causes of importance:
Multiple Pregnancy
Breech Extraction

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physs. Was there an autopsy? Yes No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Theo. E. Manley, M. D.

(Address) 635 E. Fort Ave

OCT 20 1936

M. D. B 1268-9

F 27426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Jacobs

If U. S. Veteran specify WAR .....

(a) Residence: No. 1624 E. Baltimore St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph Jacobs

14. BIRTHPLACE (city or town) (State or country) Phil. Pa.

MOTHER

15. MAIDEN NAME Edna Kirby

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Edna Jacobs (Address) 1624 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept 21 1936

19. UNDERTAKER Martin F. E. Dimpel (Address) 37 S. ... St

20. FILED 1936 Huntington Williams Registrar.

Sept 26 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead Encephalitis (ate paint of house)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenberg, M. D. Coroner

(Address) 919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27426

v s 6

✓ F 27427

27427 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ~~2509~~ 2901 Overland Ave. St. 27th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mary E. Keys.

(a) Residence: No. ~~2509~~ 2901 Overland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Keys

6. DATE OF BIRTH (month, day, year) June 19, ~~1860~~ 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 ~~76~~	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Sullens

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Thomas Hubbard

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Gephardt
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 22 1936

19. UNDERTAKER Martin W. E. Ruppel
(Address) 27 S. Amity St.

Filed SEP 20 1936 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936 to Sept 18, 1936

I last saw h. alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 2:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/16/36
Other contributory causes of importance: Bronchopneumonia	9/17/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.

(Signed) H. Raymond Peters M. D.
(Address) 1908 W. Lexington St.

OVER

OCCUPATION is very important. See instructions on back of certificate.

F 27428

27428 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S Broadway St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Heemann

(a) Residence: No. 32 S Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa M. Heemann

6. DATE OF BIRTH (month, day, year) May 7 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bremen Germany

FATHER

13. NAME Frederick Heemann

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

MOTHER

15. MAIDEN NAME Wolpman

16. BIRTHPLACE (city or town) (State or country) Bremen Germany

17. INFORMANT Mrs. Louisa Heemann
(Address) 32 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Date Sept 19, 1936

19. UNDERTAKER Paul A Heemann
(Address) 32 So. Broadway

20. FILED (Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1936 to Sept 16 1936. I saw him alive on Sept 15 1936. Death is said to have occurred on the date stated above, at 8 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	6 mos
Other contributory causes of importance:	
Uremia	4 days

Was an operation performed? none Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Blood Urea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles L Greer M. D.

(Address) 408 S Baltimore Pratt Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27429 V 46-BF 27429

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3736 E. Lombard St., 16-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph Wiessner

(a) Residence: No. 3736 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Late WIFE of~~ Annie Wiessner

6. DATE OF BIRTH (month, day, year) Feb 4th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Wiessner

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Katherine Ulsch

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Annie Wiessner

(Address) 3736 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 22nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Sept 22 1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Sept. 19 1936

I last saw h alive on Sept. 18 1936 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Townsend M. D.

(Address) 2029 Eutaw pl

OCCUPATION is very important. See instructions on back of certificate.

27430

HEALTH DEPARTMENT—CITY OF BALTIMORE 27430

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 W. Lanvale St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Norma P. Benson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2504 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —— ——
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9 mos	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm D. Benson

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

MOTHER

15. MAIDEN NAME Hannah J. Kelly

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Emma Benson
(Address) 2504 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 23rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 21 1936 Huntington Hillman Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 26 to Sept 20 1936

I last saw her alive on Sept 19 30 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension	1920
Other contributory causes of importance: Cystitis Hemorrhage	August 10 1936

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Clinical Examination Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Geo M Gutte M. D.
(Address) 2435 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 27431

HEALTH DEPARTMENT—CITY OF BALTIMORE

27431

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N. Washington St., 7-5 Ward)

Length of residence in city or town where death occurred 5th yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Josephine Collins

(a) Residence: No. 904 N. Washington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Frank Collins

6. DATE OF BIRTH (month, day, year) Jan. 5, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Williams

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Dora Wills

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Jessie Whitby
(Address) 1106 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Sept 22nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schember, M. D.
Coroner

(Address) 1919 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 27432

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27432

CERTIFICATE OF DEATH

V 94-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Ann St. St. 6-4 Ward)

Length of residence in city or town where death occurred Life yrs. 74 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Newman

U. S. Veteran? specify WAR No Record

(a) Residence: No. 3 N. Ann St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Helen Newman

6. DATE OF BIRTH (month, day, year) Sept. 23-1856

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	4.9	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tug Boat Co.

10. Date deceased last worked at this occupation (month and year) 9/19/1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Newman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth V. Neill

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) William J. Newman Point Pleasant Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross A. A. Cem. Date Sept 22nd 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenken Coroner M. D.

(Address) 1918 E. North Ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27433

HEALTH DEPARTMENT—CITY OF BALTIMORE

27433

CERTIFICATE OF DEATH

√119

Registered No. (B)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Eutaw Place St. 14-1 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR .....

2. FULL NAME Princess Patricia Gascho

(a) Residence: No. 1631 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — None

6. DATE OF BIRTH (month, day, year) March 26 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None (child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Edith E. Shawker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

15. MAIDEN NAME Earl E. Gascho

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Earl E. Gascho
(Address) 1631 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 23rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED SEP 21 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. Found 6-7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastritis & Enteritis,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 210 Maree Ave

Information should be carefully supplied. Any error may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be state OCCUPATION is very important. See instructions on back of certificate.

E 27434

E 27434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N Bradford St. 46-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John J Hughes

(a) Residence: No. 120 N. Bradford St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia J Hughes

6. DATE OF BIRTH (month, day, year) Oct 11 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Anthony Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Julia J Hughes

(Address) 120 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 23. 1936

19. UNDERTAKER madm V. O. Offutt

(Address) 3 S Eutaw Huntington Williams & Co

FILED ... 19 ... Registrar.

P 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 - 1936 to Sept 20 1936

I last saw h[illegible] alive on Sept 19 1936. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cut Cerebrovascular 93a1	Sept 17th
Cerebral Hemorrhage 93a1	"
Other contributory causes of importance:	
Myocardial Insufficiency 93e1	?
Senile Dementia 11c	?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. L. Kerper M. D.

(Address) 156 N. Wilkens Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 27435

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Leroy Bryant (16740)

(a) Residence: No. 216 Rock Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME John (D)

14. BIRTHPLACE (city or town) (State or country) N.Car.

MOTHER

15. MAIDEN NAME Sophie Haywood

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 21, 36

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED SEP 21 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17- 1936

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1936 to September 17 1936
I last saw him alive on September 17, 36 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leon H. Feldman M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27436

CERTIFICATE OF DEATH

✓ F 27436

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Tucker Ave St., 28-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Kunert (Mary Kunert) If U. S. Veteran specify WAR

(a) Residence: No. 2304 Tucker Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Kunert

6. DATE OF BIRTH (month, day, year) May 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mr. Eisemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John H. Phillips

(Address) 2302 Tucker Ave., Hillsdale

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Sept. 21, 19 36

19. UNDERTAKER (Est. J. Loos)

(Address) 100 W. Baltimore St.

19 Registrar

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 845 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann Coroner, M. D.

(Address) 1215 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27437 95-B F 27437

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 12 Ward) St Agnes Hospital

Length of residence in city or town where death occurred 6 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR None

2. FULL NAME Mary B. Hackman

(a) Residence: No. Hopkins Apts St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of Leon S. Hackman

6. DATE OF BIRTH (month, day, year) July 3-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert L Blatchley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Hewey

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Mrs John L Yost

(Address) Timberneck Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Sept 23. 1936

19. UNDERTAKER John J Stephens & Son

(Address) 1 E Pratt

Registrar.

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1936, to Sept 20, 1936.

I last saw her alive on Sept 20, 1936 Death is said to have occurred on the date stated above, at 6.00 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardio-Vascular Dis. 1930
Cerebral Hemorrhage & Hemiplegia May 1936

Date of onset

Other contributory causes of importance:

Cachexia

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Louis G. Llewelyn M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27438

CERTIFICATE OF DEATH

131

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9784 Franklintown Rd. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Thompson

(a) Residence: No. 9784 Franklintown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Wollie E. Thompson

6. DATE OF BIRTH (month, day, year): Sept. 5, 1869

7. AGE: Years 67 | Months 0 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U Ry & Elec Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Thompson

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Lewis

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs. Leo McNeil 9784 Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL. Place: Lorraine Cem. Date: Sept 21 36

19. UNDERTAKER (Address): Wm J. Fetter Sons Howard & Fayette Aves

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to Sept 18 1936

last saw him alive on Sept 18 1936 Death is said to have occurred on the date stated above, at 6.10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	indefinite
Hypertension	
Ch. Interstitual nephritis	
Other contributory causes of importance:	
cardiac decompensation	10 days

Was an operation performed? no Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Tyler, M. D.

(Address) 3321 Fredonia Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27439

27439

CERTIFICATE OF DEATH

13-714-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 580 W. University Pkway (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas Beard Marshall

(a) Residence: No. 580 W. University Pkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche S. Marshall

6. DATE OF BIRTH (month, day, year) June 30, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. & Sec.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mortgage Insurance

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thos. B. Marshall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Elizabeth Ford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Blanche S. Marshall

(Address) 580 W. University Pkway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 21 1936

19. UNDERTAKER John McHenry Sons

(Address) Norfolk & Pa Aves.

SEP 21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 11 1935 to September 18 1936

I last saw h[illegible] alive on Sept 17 1936. Death is said to have occurred on the date stated above, at 12.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Other contributory causes of importance: Coronary Thrombosis	Sept 3/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27440 HEALTH DEPARTMENT—CITY OF BALTIMORE 27440

CERTIFICATE OF DEATH

95-P

12669

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosy Thrush (Rosy Sheldon Thrush)

(a) Residence: No. No home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Thrush

6. DATE OF BIRTH (month, day, year) April 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country) Balto. Md.

FATHER

13. NAME Andrew Meyers

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Adelia ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 21 1936

19. UNDERTAKER J. J. Fechner & Son
(Address) E. Balto

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-36

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1933 to 9-18 1936

I last saw her alive on 9-18 1936. Death is said to have occurred on the date stated above, at 5:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1931
Coronary Thrombosis	9-18-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-a

F 27441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27441

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Morgan St., 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Drusella Corey

(a) Residence: No. 2501 Morgan St., Ward. (City)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/26/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

FATHER

13. NAME Rufus Corey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lottie Black

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT mother

(Address) 2501 Morgan St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date September 21 1936

19. UNDERTAKER Joseph A. Lindsay

(Address) 1119 N. Mount street

20. FILED SEP 21 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/36

22. I HEREBY CERTIFY, That I attended deceased from 9/14/36 to 9/18/36

I last saw her alive on 9/17/36 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9/13/36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. P. Hartman M. D.

(Address) 912 Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

J 53

F 27442 7-27442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N. Kenwood ave St., ... Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. 4 ds.

2. FULL NAME Elizabeth Donaldson

If U.S. Veteran specify WAR .....

(a) Residence: No. 31 N Kenwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	W. White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Donaldson

6. DATE OF BIRTH (month, day, year) May 21 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John G. Stot

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Reinig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Lyons
(Address) 31 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Date Sept 21, 36

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

20. [illegible] 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936 to Sept 18, 1936.

That I saw h[illegible] alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/17/36.
Other contributory causes of importance:	
Arter. - Sclerosis	?
Chr. arthritis	

Was an operation performed? None Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) C. V. Meyer M. D.

(Address) 1520 E. 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

P 21 1936

B 27442 Montray Gaskins F 27443

27443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-13-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Presstmans St. 15-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Montray Gaskins

(a) Residence: No. 1706 Presstmans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 26-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Gaskins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gaskin Mary

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Gaskins
(Address) 1706 Presstmans St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Sept 1. 1936

19. UNDERTAKER George E. Kelly
(Address) 1307 E. Fayette St

[illegible] Registrar

EP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebro Vascular Hemorrhage	Sept 18
	36

Other contributory causes of importance:
(Probably Lues)

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George E. Kelly M. D.
Coroner

(Address) 507 Aisquith St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. 361

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4614 White ave St. 36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Kirby

(a) Residence: No. 4614 White ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Kirby

6. DATE OF BIRTH (month, day, year) Nov. 24 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) 7/31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Cecelia Kirby
(Address) 4614 White ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 22 1936

19. UNDERTAKER Leonard J. Bruch
(Address) 5805 Harford Rd

Registrar. 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1936 to Sept 19 1936

I last saw him alive on Sept 19 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	6 d.
Other contributory causes of importance: Chronic Pancholecystitis Hepatitis	30.
Acute Cholecystitis	20

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 21 1936

F 27445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B F 27445

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 20-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie Koldewey

(a) Residence: No. 1900 - W Balt. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Koldewey

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Ossenlord

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helena Ehrsenhard

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gladys Koldewey

(Address) 1636 W. Monument

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Sept 23 1936

19. UNDERTAKER Harry A. Nitsche & Edmondson Ave.

(Address)

20. FILED ..... 19 .....

Registrar

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1936 to 9/20 1936

I last saw her alive on 9/20 1936 Death is said to have occurred on the date stated above, at 5⁰⁰ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	
Cerebral Thrombosis	

Other contributory causes of importance:

Cystitis

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter N. Genis Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27446

M. D. B 1268-9

27446 HEALTH DEPARTMENT—CITY OF BALTIMORE 27447

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 E. East Ave St., 26-10 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Florence V. Hildt If U. S. Veteran specify WAR

(a) Residence: No. 325 E. East Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) Aug 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	-	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Barnes

14. BIRTHPLACE (city or town) Virginia (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Henry Hildt (Address) 325 E. East Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Sept 21 36

19. UNDERTAKER Harry W. Wetzel (Address) 4107 Edmondson Ave

SEP 21 1936 Huntington Millington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance: Partial chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Ruth Coroner M. D.

(Address) 1010 S. Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

27442 HEALTH DEPARTMENT—CITY OF BALTIMORE 27442

CERTIFICATE OF DEATH

82-W

Registered No. 14473

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? 54 yrs. mos. ds.

2. FULL NAME William Rave

(a) Residence: No. 1569 Bank St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/17/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. xxxxxxxx Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 193_

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Rave

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Neetze

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's 5th Ref. Cem. Date Sept. 21, 1936

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry F. Sander
(Address) Baltimore & Broadway

20. FILED SEP 21 1936 Registrar. Wilmington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-2 1936 to 9-19 1936

I last saw him alive on 9-19 1936. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-16-36
Cerebral Hemorrhage	9-14-36
Other contributory causes of importance:	
Cerebral Hemorrhage	Dec 1935

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27448 ✓ F 27448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-3 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Levie

(a) Residence: No. 1313 Fleet St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Levie

6. DATE OF BIRTH (month, day, year) Aug. 12. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 1936

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Levie

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Mary Levie (Wife)

(Address) 1313 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Cemetery Date Sept. 23. 1936
Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry F. Sander
(Address) Baltimore & Broadway

20. FILED SEP 21 1936 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936 to Sept. 20 1936

I last saw him alive on Sept. 20 1936 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Shock	9-20-36
Empyaema of gall bladder	11 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. B. Moser M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27449

HEALTH DEPARTMENT CITY OF BALTIMORE

F 27449

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Dillon St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jadwiga Kuchta

If U. S. Veteran specify WAR

(a) Residence: No. 2806 Dillon St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Kuchta

6. DATE OF BIRTH (month, day, year) July 4 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Julius Szczykowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ewarina Kaczymarska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Walter Kuchta

(Address) 2806 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem Date 9/22/36

19. UNDERTAKER Stephen J. Fialkowski

(Address) 1022 S. Kenwood Ave

20. FILED ... 19... Registrar

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936 to Sept. 18, 1936

I last saw h... alive on Sept. 18, 1936 Death is said to have occurred on the date stated above, at 1155 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Casimir Kwiatkowski, M. D.

(Address) 2534 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 27450 ✓ F 27480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1223 Wilcox st St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes B Barry

(a) Residence: No. 1223 Wilcox St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Barry

6. DATE OF BIRTH (month, day, year) Dec. 23 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) I reland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank Barry (son)
(Address) 1223 Wilcox St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 22 19 36

19. UNDERTAKER Lillye Zeiler Jr
(Address) 903 N Eden Wolfe st

20. FILED SEP 21 1936 19 Clifton Fitzhugh Jr M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13 1936 to Sept. 20 1936

I last saw h alive on Sept. 19 1936 Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	34 15
arteriosclerosis	?
chr. myocarditis	?
Other contributory causes of importance: SEBACEOUS	
infected tobaccoma crust of the scalp	Sept 16

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Samuel Silverstein M. D.

(Address) 708 E. Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 2745 HEALTH DEPARTMENT—CITY OF BALTIMORE F 2745

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 Arunah St. apt-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Stembler

(a) Residence: No. 2929 Arunah Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George M

6. DATE OF BIRTH (month, day, year) Aug 5, 1839

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Koehlerschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dora Stembler
(Address) 2929 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Sept 22 1936

19. UNDERTAKER Vernon Kechner
(Address) 230 Edmondson Ave

SEP 21 1936 City of Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936 to Sept 19, 1936

I last saw h[illegible] alive on April Sept 19 1936 Death is said to have occurred on the date stated above, at 7:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1930

Other contributory causes of importance:

None

Name of operation none Date of no

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Nathan Rousen, M. D.

(Address) 206 S Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27452

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27452

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Israel Pushkin

(a) Residence: No. 5107 Denmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Gussie Pushkin

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 9-21-36

19. UNDERTAKER Jos. Lazaro Inc.
(Address) 1453 E. Baltimore St.

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1936 to Sept. 21 1936

I last saw h~~im~~ alive on Sept. 20 1936 Death is said to have occurred on the ~~date stated above~~ at 12:15 a.m. Sept 21, 36

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombus	9/20/36

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 20 '36

For what disease or injury? Perf. ante of Appendicitis

Name of operation Appendectomy Date of 9/20/36

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... . 19 ...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliott Mendelson, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 21 1936

F 27453

F 27453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Castle St. St., 7th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Margaret M. Trischler

If U. S. Veteran specify WAR.....

(a) Residence: No. 512 N. Castle St St., 7th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7th. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Trischler.

14. BIRTHPLACE (city or town) (State or country) Schluchtern. Germany.

MOTHER

15. MAIDEN NAME Catherine Fleckenstein

16. BIRTHPLACE (city or town) (State or country) Krombach. Germany

17. INFORMANT James Trischler (Brother)

(Address) 512 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/22/36

19. UNDERTAKER Conrad Roth Inc

(Address) [illegible]

[illegible] 19.....

Registrar.

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1936 to Sept 19 1936

I last saw her alive on Sept 19 1936 Death is said to have occurred on the date stated above, at 5.55 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (Breast). — Date of onset 5/1/36

Other contributory causes of importance:

METASTASIS.

MYOCARDITIS.

Was an operation performed? Yes Date of OCT. 6-1936

For what disease or injury? Carcinoma Breast.

Name of operation Resection of Breast. Date of Oct 6 1936

What test confirmed diagnosis operation. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) James F Kavanagh M. D.

(Address) 3328 M: Elderly St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 27454

X 34-A-160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lenion Memorial Hosp St. 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Lee Ann Warfield

(a) Residence: No. 6 Sambard Place, Towson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		Twos	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alton Molesworth Warfield

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Hilda Loretta Clay

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Alton Molesworth Warfield

(Address) 6 Sambard Place. Towson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER Huntington Millington

20. FILED 21 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936, to Sept 17, 1936.

I last saw her alive on Sept 17 1936. Death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset 9-15-36

Prematurity
Fracture 2 Left Temporal bone
Subcutaneous Hemorrhage +
Cerebral edema. Fracture Left Humerus

Other contributory causes of importance:

Prematurity: Congenital anomalies
Bony + Cicatricial Bony (Congenital Lues?)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walker C. Merkel M. D.

(Address) Union Mem Hosp.

Body retained by hospital laboratory for scientific purposes

Information should be carefully supplied. Age should be stated in years and fractions thereof. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27455

27455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1532 E Biddle St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joanna Collick — If U. S. Veteran specify WAR

(a) Residence: No. 1532 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Collick

6. DATE OF BIRTH (month, day, year) Oct 5, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockton Md.

FATHER

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Joanna Ward

16. BIRTHPLACE (city or town) (State or country) Stockton Md

17. INFORMANT Randolph Collick (son)
(Address) 1532 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Taken to Hurley Md Date Sept 22 1936

19. UNDERTAKER Mrs R. A. E. Mott & Daughter
(Address) 1129 N. Carolina St
Huntington [illegible]

P 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Sept 19, 1936

I last saw h alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pancreatitis with Necrosis	[illegible]
Other contributory causes of importance: Myocarditis Chr. Ends Carditis	8 mos
died Asthenia	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27456

✓ F 27456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2925 Guilford Ave. St. 47-2 Ward)

Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANK J. RUSSELL (Francis)

(a) Residence: No. 2925 Guilford Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22nd. 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Richard Russell

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Catherine Mc Caren

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Katherine Russell Sister

(Address) 2925 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept. 22nd. 36

19. UNDERTAKER Chas S. Graul & Son

(Address) 1811 W. Mt Royal Ave

P 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19th. 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1936 to Sept 19 36

I last saw h[illegible] alive on Sept 18 1936 Death is said to have occurred on the date stated above, at 12.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endo-Myocarditis	?
Pleural Effusion	9/17/36
Other contributory causes of importance: Pyorrhoea Alveolaris	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William P. Craighill M. D.

(Address) 10 E. Eager St.

M. D. F. 1268-9

John F Lilly

F 27457 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27457

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2947 Clifton Ave St., 15-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F Lilly

(a) Residence: No. 2947 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Bibleheuser

6. DATE OF BIRTH (month, day, year) Aug 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bath attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William T Lilly

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Dedwan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clarence Lilly

(Address) 2947 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Sept 19, 1936

19. UNDERTAKER Frank V. Pipitone

(Address) 2216 E. Belle

SEP 21 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to Sept 19, 1936

I last saw him alive on Sept 17, 1936 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma esophagus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest H. Palmer, M. D.

(Address) 2005 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7.27458

HEALTH DEPARTMENT—CITY OF BALTIMORE

7.27458

CERTIFICATE OF DEATH

135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital Baltimore, Md. St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Deck War Service - SAW

(a) Residence: No. 1147 S. Sharp St. -Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Wright

6. DATE OF BIRTH (month, day, year) April - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) August, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Deck

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Virginia Davis

16. BIRTHPLACE (city or town) (State or country) ? Virginia

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place U.S National Date Sept 24 '36

19. UNDERTAKER C. Paul Evans (Address) 1400-02 Johnson St

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20 1936

22. I HEREBY CERTIFY, That I attended deceased from August 21 1936 to September 20 1936

I last saw him alive on September 20 1936 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis, acute	Unknown

Other contributory causes of importance:

Intraperitoneal rupture of the urinary bladder; cause unknown	3 das.

Was an operation performed? Yes Date of September 18/36

For what disease or injury? Rupture of the urinary bladder.

What test confirmed diagnosis? Clinical Findings. Was autopsy made? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27459

27459 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27459

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 E. Barney St., 14-4 Ward) Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel E. Lowery, Jr.

(a) Residence: No. 111 E. Barney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 29 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8 9	2 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel E. Lowery, Jr.

14. BIRTHPLACE (city or town) (State or country) London Co. Va.

MOTHER

15. MAIDEN NAME Cecelia Becker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Samuel E. Lowery, Sr.
(Address) 111 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept 22 1936

19. UNDERTAKER A. Howard Evans
(Address) 1402-02 Eutaw St.

20. FILED 19

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1936 to Sept 19 1936

I last saw him alive on Sept 19 1936 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation 9/19/36
Spasms.

Other contributory causes of importance: Acute Gastro-Enteritis 9/19/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. E. Hawkins M. D.

(Address) 1 E. Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27460

✓ F 27460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20-1 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfio Spinnichio

(a) Residence: No. 410 - N. Brice St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 17, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Spinnichio

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elvira Pafone

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Joseph Spinnichio
(Address) 410 N Brice St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sep 22, 1936

19. UNDERTAKER Frank Della Rose
52 N Motry St.

20. FILED SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to Sept 21, 1936

I last saw him alive on Sept. 21, 1936 Death is said to have occurred on the date stated above, at 7:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Laryngitis	9/18/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sidney Selman, M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27461

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hos. St., 31 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Bornes

(a) Residence: No. 2105 E. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Balt City Hos. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Sch. Date Sept 21, 1936

19. UNDERTAKER .....
(Address)

20. FILED SEP 21 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance: Coma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1016 S. Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 21 1936

CORONER'S OFFICE
BALTIMORE, MD.

The Morgue # 2590

M. D. B 1268-9

F 27462

27462 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 766 Vine St. St. 4-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Upsler

(a) Residence: No. 766 Vine St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) NotKnown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hillcrest Cemetery Date Sept 21 19 36

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) G. H. Crouch M. D.
Coroner

(Address) 2767 Wilmot

N. B.—WRITE PLAINLY, WITH PAPADIAN INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27463

F 27463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Johnson

(a) Residence: No. 726 W. Lexington St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 5, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	1		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Chas Johnson

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Margaret Parker

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Margaret Johnson
(Address) 726 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Sept 21, 1936

19. UNDERTAKER .....
(Address) .....

FILED SEP 21 1936

Registrar.

2592 THE NORMAN

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) Sept. 17, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scurvey, Rickets,	
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) .....

(Address) 2757 W. Lexington M. D.
Coroner

U.S. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27464

M. D. B 1268-9

F 27464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Monastery Ave. St., 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth Esther Mann

(a) Residence: No. 208 Monastery Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Mann

6. DATE OF BIRTH (month, day, year) Sept. 5, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0037

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Lamm

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Charles E. Mann

(Address) 208 Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 22, 1936

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) [illegible]

[illegible] 19 ..... Registrar.

SEP 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation By Hanging.	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? Baltimore.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury By hanging. (second floor with bath robe belt over transom

Nature of injury Hanging.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Theo. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27465

27465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Inc Elderry St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Ferris

If U.S. Veteran specify WAR .....

(a) Residence: No. 1913 Inc Elderry St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Thomas Ferris Sr.

6. DATE OF BIRTH (month, day, year) Sept 30 1867

7. AGE: Years 68 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cty

FATHER

13. NAME Anton Rytina

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs Thos. Ferris Jr.

(Address) 1913 Inc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhill Date Sept 22 1936

19. UNDERTAKER John A. Brocken

(Address) 3000 E. Baltimore

20. FILED ..... 19 ..... Registrar

P 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 31st 1936 to Sept. 18th 1936

I last saw h.r alive on Sept. 15th 1936. Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm Ascending colon	March 1936
	about
	1 day
Other contributory causes of importance: Pulmonary edema	3 wks
Marked secondary anemia	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. Flais M. D.

(Address) 24 Cathy

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27466 CERTIFICATE OF DEATH 107-a F 27466

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Young

(a) Residence: No. Ellicott City, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lizzie Young.

6. DATE OF BIRTH (month, day, year) May 20/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Young

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fleeta Gardner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lizzie Young
(Address) Ellicott City Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Ellicott City Md Date 9-24 1936

19. UNDERTAKER J. C. Leigh Whitehouse Inc
(Address) Ellicott City Md

20. FILED 19 SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1936 to Sept. 21, 1936

I last saw him alive on Sept. 21, 1936 Death is said to have occurred on the date stated above, at 9:05 m. P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia - Streptococcus Hemolyticus	
Streptococcus Carditis	9
Sept.	
Other contributory causes of importance:	
Bronchial pneumonia	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Warren Abercrombie M. D.

(Address) Univ. Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

27467 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 27467

CERTIFICATE OF DEATH V 120

Registered No. 4(45)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard E. Dasch

If U. S. Veteran specify WAR

(a) Residence: No. 1631 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Earl E. Dasch

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Edith Shawker

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Earl Dasch

(Address) 1405 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 23rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED SEP 22 1936 Harrington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diarrhea	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Wellington Knox, Jr. M. D.
Coroner

(Address) 27 St. Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

V S 6

M. D. B 1268-9

27468

HEALTH DEPARTMENT—CITY OF BALTIMORE

27468

CERTIFICATE OF DEATH

164-a

Registered No. 468

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 St Paul St St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Saffell

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2006 St Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Henry L Saffell

6. DATE OF BIRTH (month, day, year) Mar 5 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At no present

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Collins

FATHER

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm Henry L Saffell

(Address) 2006 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 9/22, 1936

19. UNDERTAKER Wm F Roche

(Address) 1217 Eutaw Pl

20. FILED SEP 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1936

22. I HEREBY CERTIFY, That I last saw the deceased alive on Sept 20 1936 and that I last saw the deceased dead on Sept 20 1936. I have viewed the remains of the deceased described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning from Illuminating Gas	9/20/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 20, 1936

Where did injury occur? 2006 St Paul St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling illuminating

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed? Edward Hedemann M. D. Coroner

(Address) 200 N Eutaw St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

17264

F 27469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27469

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Crawford

War Rec.

(a) Residence: No. 1732 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 6-17-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Time 1936

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) (State or country) Elkridge Md.

FATHER

13. NAME Theodore Burton

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Minnie Martin

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 23rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Date Huntington Nottaway Co

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1936 to 9-20 1936

I last saw her alive on 9-20 1936 Death is said to have occurred on the date stated above, at 6 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-18-36
Laennec's Cirrhosis of Liver	1932

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenney M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-C F 27470

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Spence

(a) Residence: No. Elkridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm C. Vernon Spence

6. DATE OF BIRTH (month, day, year) July 7, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Emanuel Shaw

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Fort

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Husband Spence
(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy City Date Sept 24 1936

19. UNDERTAKER Harry H Witt
(Address) 410 E Lanvale St

20. FILED SEP 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to Sept 21, 1936

I last saw h[illegible] alive on Sept 21, 1936 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ascending colon with metastases to epigastric and descending colon.	1911
Other contributory causes of importance:	
Old age	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Gibson J. Wells, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27471

95-D

Registered No. 20-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Wilkins Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Frankton

If U.S. Veteran specify WAR

(a) Residence: No. 2135 Wilkins Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Steiner Frankton

6. DATE OF BIRTH (month, day, year) Aug. 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Franfton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Y Porter

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Margaret G. Frankton

(Address) 2135 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Cem. Date Sept. 23, 36

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place, City

SEP 22 1936 19 H. Tayloe Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1935 to Sept 21, 1936

I last saw him alive on Sept. 21, 1936 Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic cardio-vascular disease	1½ yrs
	ago
Other contributory causes of importance:	
acute cardiac decompensation	2 days
	ago

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Clinical findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Benjamin Millard M. D.

(Address) 2032 Wilkins Ave. City

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27472 B 1268-9

F 27472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Knoppel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2122 E. Federal St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Frances H. Knoppel

6. DATE OF BIRTH (month, day, year) June 3 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck (Helper) 0.23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Brewery Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Knoppel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine —

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Frances Knoppel

(Address) 2122 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/24/36 19

19. UNDERTAKER Philips Service Sons

(Address) 2016 Orleans St.

[illegible] Washington Blvd

EP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20 . 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric ulcer	

Other contributory causes of importance:

Cardiac Failure — Shock

Was an operation performed? Yes Date of 9/20/36

For what disease or injury? Ruptured gastric ulcer

Name of operation Laparotomy + drainage Date of 9/20/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreyber . M. D.
Coroner.

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-27473 7-27473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 W Fayette St., 19-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virgie De Latta Howard

If U. S. Veteran specify WAR

(a) Residence: No. 1623 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Crocker Howard

6. DATE OF BIRTH (month, day, year) Mch 1 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas H Debnick

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen M Frohe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas Debnick
(Address) 1623 W Fayette

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Bur 9/22/36

19. UNDERTAKER Geo A Starkey
(Address) Fulton & Fayette

19 Registrar.

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1936 to Sept 20 1936

I last saw h alive on Sept 20, 1936. Death is said to have occurred on the date stated above, at 12 o'cl M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Pneumonia Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place 1623 W. Fayette Ave

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. S. Nuckols, M. D.

(Address) 101 N. Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27474

27474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. Paul and Lombard)

Registered No. 7853

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Devers

If U. S. Veteran specify WAR

(a) Residence: No. 2685 Williams Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Lillian E. Devers

6. DATE OF BIRTH (month, day, year) April 24-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

FATHER

13. NAME Joseph Devers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lillian E. Devers

(Address) 2685 Williams Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept. 23-36

19. UNDERTAKER F. B. Hippert & Son

(Address) 1300 Eutaw Place

20. [illegible] Registrar

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14-1936 to 9-20-1936

I last saw him alive on 9-20-1936 Death is said to have occurred on the date stated above, at 9 40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma.	

Other contributory causes of importance:

Diabetic gangrene of left great toe.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Diabetes.

(Signed) Dr. J. Francis Williams Jr. M. D.

(Address) Maryland General Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 27475 F 27475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH University Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Zola Huffman

(a) Residence: No. 2252 Wilkington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 16 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 1	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME David Huffman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Liddie East

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Date 9-22 1936

19. UNDERTAKER Bernard Hark
(Address) 121 E. Preston St

FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1936 to Sept 21 1936

I last saw her alive on Sept 21 1936 Death is said to have occurred on the date stated above, at 11:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	Aug 31 36

Other contributory causes of importance:

Influenza (Virus)

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Israel Rosen M. D.

(Address) University Hospital

EP 22 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27475

F 27475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17100 47 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Flemming

(a) Residence: No. 767 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2-19-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. uhknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Harris

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leeburn Date 9 22 36

19. UNDERTAKER Nathan Goh
(Address) 1217 Huntington Ave

Huntington Williams, M.D.
Registrar.

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1936 to 9-18 1936

I last saw her alive on 9-18 1936 Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-15-36
Cerebral Arteriosclerosis	Unk

Other contributory causes of importance:

Was an operation performed? TW Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? TW If so, specify .....

(Signed) John F. Kinney M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27477

F 27479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Gang St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rachel Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 713 Gang St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas Wm

6. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Henry Gordon

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lydia Bennet

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Theresa Simms

(Address) 713 Gorge St

18. BURIAL, CREMATION, OR REMOVAL: Pres Cathedral Cem Date Sept 24 36

19. UNDERTAKER: Bernard P Hendley

(Address) 818 Fremont Ave

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to Sept 20, 1936

I last saw h... alive on Sept 14, 1936 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1936
Arteriosclerosis	about
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how .....

(Signed) Chas E Cooke M. D.

(Address) 713 Gorge St

SEP 22 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27478

CERTIFICATE OF DEATH

115-B

1. PLACE OF DEATH St. Agnes Hosp. Registered No.

CITY OF BALTIMORE: (No. Wilkens and Caton Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Jessy Arnold If U.S. Veteran specify WAR

(a) Residence: No. 2325 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 21-1930

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
6	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hunter F. Arnold Sr.

14. BIRTHPLACE (city or town) (State or country) Ballo Md

MOTHER

15. MAIDEN NAME Margie Franklin

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Hunter F. Arnold Sr.
(Address) 2325 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Sept 24 1936

19. UNDERTAKER Joseph Lefler
(Address) 1600 W. North Ave

20. FILED SEP 22 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) 9-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1936 to 9-20 1936

I last saw him alive on 9-20 1936 Death is said to have occurred on the date stated above, at 8 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Stomatitis	9/15/36
Gastro-enteritis	9/16/36
Terminal Bronchial-Pneumonia	9/20/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis G. Llewelyn, M. D.

(Address) St. Agnes Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27479

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. General Hospital — Registered No. 170

CITY OF BALTIMORE: (No. Dutland & Lagan St.) 23 1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah Tisler TISLER

(a) Residence: No. 1444 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10. 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mf'r, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Abraham Tisler

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Sarah Lasko

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Louis Kalbaugh
(Address) 1444 S. Charles st

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date Sept 23 1936

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E. Baltimore St

20. [illegible] 19

Registrar.

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/20/36. 19 . to 9/21/36. 19

I last saw her alive on 9/21/36. 19 Death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero-Colitis	
Acute Cardiac Collapse	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Edmunds M. D.
(Address) West Balto Gen Hosp.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27480 F 27480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., Ward) 25-6

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gill

If U. S. Veteran specify WAR.....

(a) Residence: No. 1814 Chesapeake Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gastonia, N.C.

FATHER

13. NAME John Gill Sr.

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Ollie Crockett

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Avery Gill
(Address) 1814 Chesapeake Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Gastonia N.C. Sept 25 19 36

19. UNDERTAKER Robt. Williams
(Address) 1515 McCulloh St

19 ..... Registrar.

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-19, 1936 to 9-19, 1936

I last saw him alive on 9-19, 1936. Death is said to have occurred on the date stated above, at 10.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9-11-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) K. W. Jackson M. D.

(Address) 600 N. Arlington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27481

F 27481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Baker St. 14-3 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos Aurelius Mooney

If U. S. Veteran specify WAR .....

(a) Residence: No. 516 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emanuel Mooney

6. DATE OF BIRTH (month, day, year): May 4 - 1875 -

7. AGE: Years 61 - Months 4 - Days ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Thos Lewis

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ellen Rush

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Richard Mooney 801 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion Date: 9-22-36

19. UNDERTAKER (Address): Thomas E. Kelly 1303 Pennsylvania Ave

19. Filed SEP 22 1936, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/19/36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th 36 to Sept 19/36

I last saw h... alive on Sept. 17/36

Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart Dis	
Uremia	
Other contributory causes of importance: Nephritis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. Lee Slick M. D.

(Address) Eutaw Medical Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27482

F 27482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 Lorman St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thelma Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 842 Lorman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 10-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Dorsey

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Birdie Morris

16. BIRTHPLACE (city or town) (State or country) Middleburg Co Va

17. INFORMANT Birdie Dorsey

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 22 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

Huntington Philmont

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept 19 1936

I last saw h. alive on Sept 18 1936 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation - Heart Failure no Compensation	Feb 1935

Other contributory causes of importance:

Measles June 1935

Pneumonia Oct 1935

Was an operation performed? none Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm H. Wright, M. D.

(Address) 170 Presstman ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27483 (Rev. 1268-9)

27483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward 2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Livermond

If U. S. Veteran specify WAR .....

(a) Residence: No. 1416 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) July 24, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2 1	25,	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retail merchant,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gro - Candy St.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Marie Tilghman

(Address) 1416 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Sept. 23, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St. Huntington Funeral Home

20. FILED Sept 22 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained, by (Inquest, Autopsy or Inquiry), find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: intracranial Hemorrhage	

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Sept 18, 1936

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 519 W. Lafayette Ave. - Nigro's Grocery

Manner of injury Struck on Head with brick

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 E. Fayette St.

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27484

F 27484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 873 Hollins St.

CITY OF BALTIMORE: (No.) St., 18 3 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Antanina Bainer

(a) Residence: No. 873 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bainer

6. DATE OF BIRTH (month, day, year) Jan 15 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) unknown | 11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) Kovna
(State or country) Lithuania

FATHER

13. NAME Victor Andrikens

14. BIRTHPLACE (city or town) Lithuania
(State or country)

MOTHER

15. MAIDEN NAME Frances Masilis

16. BIRTHPLACE (city or town)
(State or country) Lithuania

17. INFORMANT Mrs. Rose Galinis
(Address) 873 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/24/ 1936

19. UNDERTAKER John F. Cowdrey & Son.
(Address) 901 W. Lafayette Ave.

20. Filed SEP 22 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1936 to Sept. 21 1936

I last saw h alive on Sept. 21 1936 Death is said to have occurred on the date stated above, at 3 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	9/18/36
right sided hemiplegia	9/18/36

Other contributory causes of importance:

hypertension, arteriosclerosis, cerebral thrombosis	?

Name of operation — Date of

What test confirmed diagnosis? clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Sobical M. D.

(Address) 747 N. Kenwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27485 ✓ F 27485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 97

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. George Mc Neal — If U.S. Veteran specify WAR No Record

(a) Residence: No. Box 356 H. Dundalk P.O. St., ... Ward.
(Usual place of abode) Balt. City, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McNeill

6. DATE OF BIRTH (month, day, year) Feb 22nd 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gasoline Station attendant

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Atlantic Refining Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME James McNeal

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah A. Flaherty

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Edw Blume
(Address) 439 Gale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 9 24 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

SEP 22 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18th, 1936, to Sept. 21st, 1936.
I last saw him alive on Sept. 21st, 1936. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arterio-sclerosis	1937 ?
Cerebral Anemia.	
Cachexia	4 weeks
Pulmonary Oedema.	9-20-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Louis L. Llewelyn M. D.
(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27486 ✓ F 27486

F [redacted]

HEALTH DEPARTMENT—CITY OF BALTIMORE [redacted]

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5110 St George St., Ward) 10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. B. Resh

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5110 St. George St., ... Ward. .....

(Usual place of abode) 6 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herold S Resh

6. DATE OF BIRTH (month, day, year) June 22-1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 19-36

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Easton Penna

FATHER

13. NAME Frank Barnes

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martina Plank

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Herold P. Resh

(Address) 5110 St George Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Cemetery Date 9-24 1936

19. UNDERTAKER Merrimon Cook

(Address) 1217 St Paul St

19 ..... 19 ..... Registrar

SEP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1936 to Sept. 21 1936

I last saw her alive on Sept. 20 1936 Death is said to have occurred on the date stated above, at 1050a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Endocarditis	about

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harl H Berman, M. D.

(Address) 5111 York Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16680

F 27488 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 27488

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Smith

(a) Residence: No. 2803 Hampden Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda

6. DATE OF BIRTH (month, day, year) 8-18-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date Sept 23, 1936

19. UNDERTAKER Edmondson Ave.
(Address) 3615 Edmondson Ave

20. FILED SEP 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1936 to 9-21, 1936

I last saw h. M alive on 9-21, 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion of Liver	1-1-36
Acute Pulmonary Edema	9-20-36

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

27489 HEALTH DEPARTMENT—CITY OF BALTIMORE 27489

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. W-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Wagner

(a) Residence: No. Union Bridge — Carroll Co - Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE Bessie Wagner

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 908

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Henry Wagner

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Elmira Wolfe.

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Hospital Records.

(Address) Baltimore, Md.

18. BURIAL, CREMATION OR REMOVAL

Burial Rose Hill Cem Md Date Sept 25 1936

Rocky Ridge Pa

19. UNDERTAKER E. D. Frazer Son

(Address) Emmitsburg Md.

20. FILED SEP 22 1936 Registrar, Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Sept 21, 1936

I last saw him alive on Sept. 21, 1936. Death is said to have occurred on the date stated above, at 10 36 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	
Generalized purulent peritonitis	
Other contributory causes of importance:	
Secondary hemorrhage post op	
Bronchial pneumonia	

Was an operation performed? yes Date of Sept 16, 1936

For what disease or injury? Ruptured appendix

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. Hugh B. McAuley M. D.

(Address) University Hosp.

NOTE—WHETHER BURIAL, CREMATION OR REMOVAL, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

27489 27489

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 217 N Vincent St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 217 N. Vincent St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Brown

6. DATE OF BIRTH (month, day, year) Sept 21 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME George Thompson

14. BIRTHPLACE (city or town) (State or country) St Marys and

MOTHER

15. MAIDEN NAME Cora Groves

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Cora Thompson mother

(Address) 217 N. Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Sept 22 1936

19. UNDERTAKER Joseph A Lyddy

(Address) 1698 W Mount St

SEP 22 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Endocarditis	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? History of Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo. A. Phillips M. D.

Coroner

(Address) 12 E Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

F 27490 ✓ F 27490

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A. Kelly Hospital St., 14 Ward 6

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Kelly Young

(a) Residence: No. 719 River Crest Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State) Fort Worth Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marshall R Young

6. DATE OF BIRTH (month, day, year): Jan 20 1899

7. AGE — Years: 37 | Months: 8 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Hawesville Ky

FATHER

13. NAME: William C Kelly
14. BIRTHPLACE (city or town) (State or country): Cincinnati Ohio

MOTHER

15. MAIDEN NAME: Lena McAdams
16. BIRTHPLACE (city or town) (State or country): Hawesville Ky

17. INFORMANT: Marshall R Young
(Address): Fort Worth Texas

18. BURIAL, CREMATION, OR REMOVAL
Fort Worth Tex Date: Sept 22 1936

19. UNDERTAKER: Chas G Black
Address: 42 W Fourth Ave
Fort Worth Texas

SEP 22 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21st, 1936 to Sept 22nd, 1936
I last saw her alive on Sept. 21st, 1936 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	

Other contributory causes of importance:

Carcinoma Cervix Uteri	

Name of operation: none Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ....., 19.....
Where did injury occur? / (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place none
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Curtis F. Burnam M. D.
(Address) 1418 Eutaw Place
Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27491 ✓ F 27491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Calvert St., 11-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles West Orem

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1209 N Calvert St., Ward. Resident.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME H. Morris Orem

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Helen West

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs C A Nesmith (nee) (Address) Newport. Ky.

18. BURIAL, CREMATION, OR REMOVAL Place Emmitt Date Sept. 23 19 36

19. UNDERTAKER Stewart Mortuary Co. (Address) 108 W Mulberry St. Baltimore Maryland

20. FILED SEP 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936, to ....., 1936

I last saw him alive on Sept 11, 1936. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Arterio-sclerosis	?
Other contributory causes of importance: Gangrene R. foot	Aug. 36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Bishop, M. D.

(Address) 122-25th St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Hanover Hill Ave St. 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Spence

If U. S. Veteran specify WAR .....

(a) Residence: No. 930 Hanover Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 21, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Premature Birth			9 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Raymond Hughes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mollie L. E. Spence

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Mollie Louise E. Spence

(Address) 930 Hanover Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med School Date Sept 22, 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible]

SEP 22 1936 2596

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936, to Sept 21, 1936

I last saw h.. alive on Sept 21, 1936 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	Sept 21 1936
due to mother Luetic.	
Other contributory causes of importance:	
Luetic	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. E. Young M. D.

(Address) 1424 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27493

165

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40-2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John P. Koch

(a) Residence: No. St. Agnes Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care taker 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at St Agnes Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT St. Agnes Hospital (Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date Sept 23, 1936

19. UNDERTAKER Martin Tabor & Sons (Address) 1527 N. Howard St.

EP 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance: Gangrenous ulcer on Right leg Mental Depression

Was an operation performed? ... Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Hospital bed room

Manner of injury by Hanging

Nature of injury self destruction.

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos. H. Philbin M. D.
Coroner

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Roskam) ✓ F 27494

F 27494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) UNION MEMORIAL HOSPITAL (Ward) 12-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 YEARS yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHAS. H. ROSKAM

If U. S. Veteran specify WAR .....

(a) Residence: No. 217 E. 25th St., Ward. BALTO, MD.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ MRS CHAS. ROSKAM

6. DATE OF BIRTH (month, day, year) JULY 17 - 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Company manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME John J. Roskam

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Miller

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Mrs Paul J Roskam

(Address) 217 East 25th St

18. BURIAL, CREMATION, OR REMOVAL Place Englewood Ill Date Sept 22 1936

19. UNDERTAKER Hugh Cook & Son

(Address) 127 St Paul St

SEP 22 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936 to Sept 21, 1936

I last saw HIM alive on Sept. 21, 1936. Death is said to have occurred on the date stated above, at 11:42 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PORTAL CIRRHOSIS	
OESOPHAGEAL VARICES	
GASTRIC POLYPI & HEMORRHAGE	9/20/36

Other contributory causes of importance:

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) L Clagett Brad M. D.

(Address) Union Memorial Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27495

46-B

17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Pierce St St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 623 Pierce St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, y Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0021

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Groomes

(Address) 623 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cemetery Date Sept 22 . 1936

19. UNDERTAKER Archibald A. Haddis

(Address) 2101 Mc Culloh St.

EP 22 1936

[illegible] Funeral Home

RKH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, Sept, 20, 1936 , 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 0737 W. Lexington St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 27496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B Md.

1. PLACE OF DEATH Franklin Square Hospital - Balto Md. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 28 Ward) 1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. ~~Sylvia~~ SOPHIA Wambach

(a) Residence: No. 3805 Gwynn Oak Ave St., Balto Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	~~Married~~ Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? George W. Wambach

6. DATE OF BIRTH (month, day, year) Apr. 8. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Goetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annigunda Martin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma E. Bush

(Address) 3805 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Sept 24 1936

19. UNDERTAKER Mrs Mrs. John H. Geisel & Son

(Address) 801 W. Fayette St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21/1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 - 1936 to Sept 21 - 1936

I last saw her alive on 9-21-36 - 10-A.M. 1936 Death is said to have occurred on the date stated above, at 10.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	

Other contributory causes of importance:

acute - Cardiac Failure	

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Natura of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Bruce Winter M. D.

(Address) Franklin Square Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 22 1936

27497

HEALTH DEPARTMENT—CITY OF BALTIMORE

27497

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Durham St. 8-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Justina Dreyelmaw

(a) Residence: No. 1605 N. Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Anthony Dreyelmaw

6. DATE OF BIRTH (month, day, year) January 6 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Leopold Offenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Moller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Anthony Dreyelmaw

(Address) 1605 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Sept. 25 19 36

19. UNDERTAKER Henry Theis Sons Inc

(Address) 739 E. Baltimore St.

20. FILED ..... 19 ..... Baltimore, Md.

SEP 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1936 to Sept 22 1936

I last saw her alive on Sept 21 1936 Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Hemaphlegia (Progressive) Cerebral Hemorrhage	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? — Date of .....

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. P. Carman M. D.

(Address) 1701 Carolina St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27498 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 27498

CERTIFICATE OF DEATH X ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Howard

(a) Residence: No. Rich & Cummings Ave - Catonsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Howard

6. DATE OF BIRTH (month, day, year) March 17 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Howard

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Tiny Cummings

16. BIRTHPLACE (city or town) (State or country) N J.

17. INFORMANT Theresa Howard
(Address) Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date Sept 24, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

20. [illegible] Williams, M.D.

SEP 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19- 1936 to 9-22 1936.

I last saw him alive on 9-22 1936. Death is said to have occurred on the date stated above, at 7 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 mo.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. L. Jackson M. D.

(Address) 600 N. Hilinyton

R

VS 3

INSTRUCTIONS: PRINT LEGIBLY WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27499 48-9

F 27499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St. 22-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Clark

If U. S. Veteran specify WAR World War

(a) Residence: No. 730 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie Clark

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0642

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Henry Clark

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mollie Clark
(Address) 730 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Sept 23 1936

19. UNDERTAKER James A Tayes
(Address) 1142 Westfield St

20. FILED SEP 23 1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Chest, Left side	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diag. Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Sept 8, 1936, 19

Where did injury occur? 2 W. Hill St Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pool Room

Manner of injury Stabed with a Knife (Pocke

Nature of injury Wound of L. Side of Chest

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 23 1936

F 27500 F 27500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chester Bailey

(a) Residence: No. 131 W. All Saints St St., Ward. Frederick Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Md - 2-19-95.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffeur

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ben Bailey ? ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Winnie Foreman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Fredrick Md Date 9/23/ 1936

19. UNDERTAKER Frances A Hemsley
(Address) 578 W. Biddle St

20. FILED SEP 23 1936 H. Lynton Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept - 12 . 1936. to Sept. 22 . 1936

I last saw him alive on Sept. 22 . 1936. Death is said to have occurred on the date stated above, at 1045 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6y 9m
acute myocardial failure	about Aug 1936

Other contributory causes of importance:

Embolism of left Commonliac art.	Sep 22 '36
" " right femoral art.	" " "

Was an operation performed? Yes Date of Sep 22 '36

For what disease or injury? Embolism right femoral art.

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick C. Wiberg . M. D.

(Address) Johns Hopkins Hospital

NO. 10. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27501 F 27501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Stockton St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 1340 Stockton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Brown

6. DATE OF BIRTH (month, day, year) March 12 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 7-12-36

11. Total time (years) spent in this occupation long time

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME Theodore Ford

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

MOTHER

15. MAIDEN NAME Frances E. Wheeler

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

17. INFORMANT Mrs. Mary Brown

(Address) 1340 Stockton St.

18. BURIAL, CREMATION OR REMOVAL

Place Mt Auburn Date 9-23- 1936

19. UNDERTAKER Wm. H. H. Holland

(Address) 1631 E. Fayette St. Huntington Pallbearers Chapel

SEP 23 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1936 to 9-24 1936

I last saw h[illegible] alive on 9-20 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	1-12-36

Other contributory causes of importance:

Senility	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical and Laboratory examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Pope Saunders M. D.

(Address) 1041 Stockton St.

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F-27502

F 27502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Park ave ST. 11-2 WARD)

2-FULL NAME J. Edward Lowery

(a) RESIDENCE NO. 1123 Park ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Deborah

6 DATE OF BIRTH (month, day, and year) Dec-19-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER William P. Lowery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Francis Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) J. Wallis Lowery 1701 Eutaw Pl. Huntington Williamson W. Va.

15 Filed SEP 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-21-1936

17 I HEREBY CERTIFY, That I attended deceased from 2-1-, 1936, to 9-21, 1936, that I last saw him alive on 9-21, 1936, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease, Acute Dilatation of Heart.

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observed

(Signed) W. Ray Jackson, M. D.

19 (Address) 600 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Sept. 24 1936

UNDERTAKER Thos. Geo. H. Holland

ADDRESS 1631 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 27503 F 27503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1324 Pennsylvania Ave St., 17th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. 1324 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dorsey

6. DATE OF BIRTH (month, day, year) Oct. 14, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md (State or country)

FATHER

13. NAME unknown ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Laura Page

16. BIRTHPLACE (city or town) md (State or country)

17. INFORMANT Wm. McLaughlin (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/24 1936

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pressman St.

SEP 23 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-5 1936 to 9/21 1936

I last saw h alive on 9-21 1936 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	9/5
	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. F. Steiner M. D.

(Address) 1275 Penn Ave

INSTRUCTIONS: Please answer questions in full. Where there is no entry to be made, write "None" or "0" (zero). Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27504

CERTIFICATE OF DEATH.

82-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3431 Kenwick Rd (ST.) 12-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F Harris (nee Standford)

(a) RESIDENCE NO. 3431 Kenwick Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Harris

6 DATE OF BIRTH (month, day, and year) April 1 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86.	5.	21.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home. (Not)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Market Md.

PARENTS

10 NAME OF FATHER Vincent Standiford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Charity Gosnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Calder Gruny. (Address) 3431 Kenwick Rd

15 Filed SEP 23 1936 Clayton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1936

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to Sept 22 1936

that I last saw her alive on Sept 22 1936

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Chalgoden M.D.

(Address) 1120 N. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Market Md Sept 25 1936

DATE OF BURIAL

20 UNDERTAKER Walter Davis

ADDRESS 186 Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 1936 F 27505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27505

CERTIFICATE OF DEATH

55-B

1. PLACE OF DEATH Home for Incurables

Registered No.

CITY OF BALTIMORE: (No. ... St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Sellman

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 29, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	5	24 2?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Sellman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hinkle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Home for Incurable
(Address) records

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Sept 22, 1936

19. UNDERTAKER Robt. V. Tittle
(Address) 2700 Edmondson Ave

20. FILED SEP 23 1936 19 ... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936 to Sept 21, 1936
I last saw her alive on Sept 21, 1936 Death is said to have occurred on the date stated above, at 6.57A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Sept 15 1936
Other contributory causes of importance: Myoma uteri	

Name of operation None performed Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W W B Mayo, M. D.

(Address) Medical Arts Bldg

F 27506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27506

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hop St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Iva Ambrose

If U. S. Veteran specify WAR _____

(a) Residence: No. 1729 Braddish Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Thompson Ambrose,

6. DATE OF BIRTH (month, day, year) January 10.1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bagage Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R 003

10. Date deceased last worked at this occupation (month and year) Sept 17.1936

11. Total time (years) spent in this occupation 31 Yrs

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Margaret T. Ambrose

(Address) 1729 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 25. 1936

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave.

20. FILED P 23 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 . 1936 to Sept 22 . 1936.

I last saw him alive on Sept 22 1936 Death is said to have occurred on the date stated above, at 12 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix with generalized peritonitis	
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of, 9-18-36

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 9-18-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Stapleton M. D.

(Address) Mol Gen Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27507 F 27507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Morgan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1713 - Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 9 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Branch Morgan

14. BIRTHPLACE (city or town) (State or country) Petersburg Va.

MOTHER

15. MAIDEN NAME Marie Brown

16. BIRTHPLACE (city or town) (State or country) Jamesville Va.

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 22 Sept 1936

19. UNDERTAKER Edw Bryan

(Address) 1647 Orleans St

Filed ..... 19..... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936 to Sept 21 1936

I last saw her alive on Sept. 21, 1936 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	9/7/36
Broncho-pneumonia	9/14/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Selman, M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 23 1936

F 27508

F 27508 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 N. Bradford St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Davis

If U. S. Veteran specify WAR

(a) Residence: No. 130 N. Bradford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Joseph P. Davis

6. DATE OF BIRTH (month, day, year) June 26, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - 0037

10. Date deceased last worked at this occupation (month, day, year) Sept 21, 1936

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Casperina Gross Davis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Losch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John F Davis 130 N Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 25 1936

19. UNDERTAKER (Address) Martin A. P. Duffel 33 S Ann St

EP 23 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1936 to Sept 22, 1936

I last saw her alive on Sept 22, 1936 Death is said to have occurred on the date stated above, at 5:36 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Cardiorenal disease - Hypertensive type 91 131a	several years
Other contributory causes of importance: Angina pectoris 94b	1 day

Was an operation performed? No Date of

For what disease or injury? No

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo Schlenger M. D.

(Address) 3034 E. Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27509

27509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

#16885

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 25th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1912 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Walter

(a) Residence: No. 3538 Hanover St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-16-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0086

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Charles (D)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Dormess (D)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med. School Date Sept 23 1936

19. UNDERTAKER
(Address)

SEP 23 1936

Registrar.

2597

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1936 to 9-17 1936

I last saw h[illegible] alive on 9-17 1936 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	8-1-36

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27510

71-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-2 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Elsie Steen Miller (Elizabeth Augusta christened name)

If U.S. Veteran specify WAR .....

(a) Residence: No. 2902 Montebello Dr. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Holland E. Miller

6. DATE OF BIRTH (month, day, year) 11-25-93

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year) 8-20-36

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Reynard Stein

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Josephine Schlitt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Sept 23 36

19. UNDERTAKER John A. Mitchell & Son

(Address) 1700 Eutaw Place

FILED 9-23-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-26 1936 to 9-22 1936

I last saw her alive on 9-22 1936 Death is said to have occurred on the date stated above, at 4.39 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic anemia (Idiopathic)	8-20-36

Other contributory causes of importance: None

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) I. Fremian M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27511

318745

F 27511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Thomas.

(a) Residence: No. 830 E. 22nd St. St., ... Ward. Erie Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Vogel

6. DATE OF BIRTH (month, day, year) 8/24/1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William Thomas.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Pauline Riblett

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records.

Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Erie, Pa Date Sept. 23 1936

19. UNDERTAKER John O. Mitchell & Son

Address) 1900 Eutaw Place

SEP 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1936 to Sept. 22 1936

I last saw him alive on Sept. 22 1936. Death is said to have occurred on the date stated above, at 10:43 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/18/36

For what disease or injury? Brain tumor

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27512

27512 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals Wd. 17-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Williams

(a) Residence: No. 240 Harlem St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 16 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general housework

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Rosa Covington (Cousin)
(Address) 1409 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 23, 1936

19. UNDERTAKER Charles S. Cooper
(Address) 514 N. Calhoun St.

SEP 23 1936 Huntington, Indiana Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	
Chronic Nephritis	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. A. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27513

F 27513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Park Avenue St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Olivia Streett

If U. S. Veteran specify WAR

(a) Residence: No. 1709 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. H. Hayward Streett

6. DATE OF BIRTH (month, day, year) Feb 17 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baldwin Balto. Co., Md.

FATHER

13. NAME Dr. Abram S. Baldwin

14. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER

15. MAIDEN NAME Martha Streett

16. BIRTHPLACE (city or town) (State or country) -------- Maryland

17. INFORMANT Dr. H. Hayward Streett

(Address) 1709 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery. 9/25 19 36

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St.

FILED SEP 23 1936 Huntington Williams M.D. CPR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1929 to Sept 23 1936

I last saw her alive on Sept 23 1936. Death is said to have occurred on the date stated above, at 12 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - mammary	1929
Multiple metastases and general coronomatosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1929

For what disease or injury? Carcinoma mammary

Name of operation Radical Breast amputation Date of 1929

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Hayward M. D.

(Address) 11 E Eager St

✓F 27514

27514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 Guilford ave Sa. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Theresa Zimmisch

(a) Residence: No. 2635 Guilford Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Edward Zimmisch

6. DATE OF BIRTH (month, day, year) June 14, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Louis Zimmisch

14. BIRTHPLACE (city or town) (State or country) Phila, Pa.

MOTHER

15. ~~MAIDEN~~ NAME Eva Schaffe Zimmisch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Agnes Zimmisch

(Address) 2638 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 9/24, 1936

19. UNDERTAKER Deitrick & Son

(Address) 805 N. Calvert St

EP 23 1936 ~~Ft Lincoln Nillings~~ RFP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1936, to Sept. 21, 1936.

I last saw h[illegible] alive on Sept. 20, 1936. Death is said to have occurred on the date stated above, at 8 35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	7 days
Chronic Nephritis (Interstitial)	3 weeks
Other contributory causes of importance: Hypertensive Circulatory Disease	years.

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) James E. White M. D.

(Address) 5102 Harford Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27515

✓ F 27515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N Milton Ave St. E. W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josiah W. Fennimore

If U. S. Veteran specify WAR

(a) Residence: No. 1615 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May 5th - 1861

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

FATHER

13. NAME William Fennimore

14. BIRTHPLACE (city or town) N. J.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Reuna Sommer

(Address) 1615 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Millville N.J. Date Sept 26 1936

19. UNDERTAKER John E. Miller

(Address) 2733-35 E. Eager St

Filed SEP 23 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 29 1936 to Sept 23 1936

I last saw him alive on Sept 22, 1936 Death is said to have occurred on the date stated above at 4:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	3 d
Mitral Regurgitation Decompensation	29 d
Cerebro Sclerosis, Hemiplegia	27 d
Other contributory causes of importance: Chronic Interstitial Nephritis	29 d

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Microscopic & Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stearns, M. D.

(Address) 2878 Hayford Rd

SEP 23 1936

F 27516 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27516

CERTIFICATE OF DEATH

#17266 107-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9-27-35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Kapacki

(a) Residence: No. 5151 S. Wolfe St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	25 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Genevieve Zaniewsk

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sep 23. 1936

19. UNDERTAKER John J. Weber
(Address) 401 S. Chester St.

20. FILED SEP 23 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9/19/36 . 19 to 9/22/36 . 19

I last saw him alive on 9/22/36 . 19 . Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiolitis	9/14/36
Other contributory causes of importance:	
Cardiac failure	9/20/36

Was an operation performed? None Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) a Jacobs M. D.

(Address) Balto. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 27517

F 27517 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Fountain St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 20 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Aleksander S Szydlowski

(a) Residence: No. 2032 Fountain St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Terpnica Zabrowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Szydlowski

(Address) 2032 Fountain St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 24. 19 3

19. UNDERTAKER John F. Weber

(Address) 1501 E. Chester St

Filed ..... 19 ..... Registrar.

SEP 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said injury find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance:

Probably gastric ulceration

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Ellwood Ave

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B 1268-9

F 27518 ✓ F 27518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S. Ann St., 2-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran? ... specify WAR ...

2. FULL NAME Felikса Krasinska

(a) Residence: No. 418 S. Ann St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 1037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Hipolat Wojciech

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Urikow

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Alexander Krasinska

(Address) 418 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept. 24. 1936

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED Sept 24 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 1610 S. Ellwood Ave

INSTRUCTIONS TO REGISTRANTS—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27518

EP 2 1936

F 27519

✓ F 27519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 4-1 Ward)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Miss Leonella Harper

(a) Residence: No. 117 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) --- (State or country) Maryland

FATHER

13. NAME J. Brown Harper

14. BIRTHPLACE (city or town) --- (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Morton

16. BIRTHPLACE (city or town) --- (State or country) Maryland

17. INFORMANT Miss Emily M. Harper

(Address) 117 W. Mulberry Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date 9/26, 1936

19. UNDERTAKER Kenney & Myers & Son

(Address) 505 N. Calvert St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1936 to Sept. 22, 1936

I last saw her alive on Sept 22 1936 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7/1/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis C.L. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John A. Myers, M. D.

(Address) Church Home & Inf.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 23 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

27520

CERTIFICATE OF DEATH

F 27520

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1737 Harford Avenue St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Herbert Kirk

If U. S. Veteran specify WAR

(a) Residence: No. 1737 Harford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M. Renna

6. DATE OF BIRTH (month, day, year) Aug. 24th, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	28	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME John Kirk

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Charlotte Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Mrs. Bertha M. Kirk (Wife)

(Address) 1737 Harford Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Sept. 25, 1936

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

20. FILED SEP 29 1936, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936 to Sept 22, 1936

I last saw h alive on Sept 22, 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs	12 hrs.
Other contributory causes of importance: Bronchial Asthma Mitral Regurgitation	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. L. Lichtenberg M. D.

(Address) 1717 Madison Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

27521

CERTIFICATE OF DEATH

F 27521

159

1. PLACE OF DEATH St Agnes Hospital Registered No.

CITY OF BALTIMORE: (No. W Lafayette Ave St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Gibson If U.S. Veteran specify WAR

(a) Residence: No. 140 S. Shroder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/25/1936

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
~~3 mo~~ ?		2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

FATHER

13. NAME George Gibson

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Anna Schuldt

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Anna Schuldt
(Address) 1708 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 9/26/36

19. UNDERTAKER Geo J Kenly Inc
(Address) 1911 Madison Ave

Filed SEP 23 1936, 19

Registrar.

Clayton Phillips MD

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) 9-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-9-36 19 to 9-22 1936

I last saw him alive on 9-22 1936 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	9-12-36
Cachexia & Dehydration	
Terminal Cardio-Vascular Failure	9-21-36
Other contributory causes of importance:	
Prematurity	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis G. Llewellyn M. D.
(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sp... F. S.—100 Bks.

27522

F 27522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 921 Jordan alley ST. 11-4 WARD)

2—FULL NAME Acie Davis Acrie Harris

(a) RESIDENCE NO. 921 Jordan alley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Female	C	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 3/1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	62	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Georgia Pullman.

(Address) 921 Jordan alley.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22-36

17 I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1936, to Sept 22nd, 1936, that I last saw h[illegible] alive on Sept 22nd, 1936 and that death occurred, on the date stated above, at 1, 45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 921 Jordan alley

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Caupin, M. D.

, 19 (Address) 1432 Eyadeun Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Cem. DATE OF BURIAL Sept 25 1936

20 UNDERTAKER Eugene Waters ADDRESS 918 Druid Hill Ave

SEP 23 1936

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. File No. F 27523

✓ F 27523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret. Shindlerdecker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1303 S. Clinton St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guy Shindlerdecker

6. DATE OF BIRTH (month, day, year) Jan. 6-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Nord Calmore

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Guy Shindlerdecker. Hus.

(Address) 1303 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Sept 25 '36

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

SEP 23 1936 [illegible], M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance: Cardio vascular sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D. Coroner

(Address) 1010 S. Ellwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 27524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27524

CERTIFICATE OF DEATH

138

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Karwacki

If U. S. Veteran specify WAR .....

(a) Residence: No. 1204 S. Decker St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Karwacke

6. DATE OF BIRTH (month, day, year) Aug 8-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Joseph Karwacki

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Ratayack

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Karwacke

(Address) 1204 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sept. 25 1936

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 703 S Ave W Eye st.

20. FILED ..... 19 ..... Registrar.

SEP 22 1936 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1936, to 9-21, 1936

I last saw him alive on 9-21, 1936 Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Collapse	48 hrs.
Toxemia	
Urinary obstruction + infection	
Other contributory causes of importance:	
Chronic myocarditis	
Generalized arteriosclerosis	

Was an operation performed? Yes Date of 9-19-36

For what disease or injury? Hydrocele

Name of operation Orchidectomy Date of 9-19-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 27525

27525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St., 2351 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Schuler

(a) Residence: No. So. Balto Gen. Hosp. St., 127 N. Green St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/22/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 55 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Schuler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Grace Haller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Sept 23, 1936

19. UNDERTAKER

(Address)

SEP 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Sept 23, 1936.

I last saw h.CY alive on Sept 23, 1936. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Webb M. D.

(Address)

F 27525 — PHYSICIANS should be careful supplied. AGE should be stated EXACTLY. Exact statement of information should be made in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

P 27526 Annie Linda Hutchins

HEALTH DEPARTMENT—CITY OF BALTIMORE P 27526

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 n Duncan St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Melinda Hutchins (c) if U. S. Veteran specify WAR .....

(a) Residence: No. 502 n Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leary Hutchins.

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Md

FATHER

13. NAME John Lake

14. BIRTHPLACE (city or town) Eastern Shore (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Ruby Washington (Address) 502 n Duncan

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Sept 24 1936

19. UNDERTAKER Robert H. Young & Co (Address) 804 N. Caroline St.

Huntington Pittsburgh Pa.

P 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Embolism	Sept 21 36
Other contributory causes of importance: Chronic Myocarditis	Sept 11 36.

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen, M. D.
Coroner

(Address) 509 Aisquith

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27527

F 27527 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U S Veteran specify WAR .....

2. FULL NAME Annie Angelica Davenport

(a) Residence: No. 1006 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis H. Davenport.

6. DATE OF BIRTH (month, day, year) Aug.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Miss Davenport

(Address) 1006 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W.P. Cemetery Date Sept 24, 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

SEP 23 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 21, 1936

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1 year
Generalized Carcinomatosis	6 mos

Other contributory causes of importance:

Intestinal obstruction

Was an operation performed? Yes Date of Sept 20 1936

For what disease or injury? Intestinal Obstruction

Name of operation Resection of Lesion Date of 9-20-36

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Truitt R Henderson M.D.

(Address) St. Joseph's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27528 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27528

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 14-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs.) mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs ..... mos. ..... ds.

2. FULL NAME Mrs. Smith Parks (Maggie)

(a) Residence: No. Hargrave, Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	m

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Smith Parks.

6. DATE OF BIRTH (month, day, year) 1st 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Va

FATHER

13. NAME Richard Moore

14. BIRTHPLACE (city or town) ..... (State or country) Va

MOTHER

15. MAIDEN NAME Martha Evans

16. BIRTHPLACE (city or town) ..... (State or country) Va

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. FILED SEP 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14-36, 19..., to 9-23, 1936

I last saw her alive on 9-23, 1936 Death is said to have occurred on the date stated above, at 3:0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	

Other contributory causes of importance:

Acute Myocardial Failure

Name of operation Cholecystotomy Date of 9-22-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Hollerty M. D.

(Address) Franklin Sq Hospt.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

27529

HEALTH DEPARTMENT—CITY OF BALTIMORE

27529

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 10-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 8 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Helen Thommen

If U. S. Veteran specify WAR

(a) Residence: No. 1212 East Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30th-1935

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME F. Victor Thommen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth E. Lupton

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT F. Victor Thommen
(Address) 1212 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9-25- 1936

19. UNDERTAKER Margaret C. Flynn
(Address) 1422 Light Street

20. FILED SEP 24 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936. to Sept 23, 1936.

I last saw her alive on Sept 23 1936. Death is said to have occurred on the date stated above, at 6.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Bacteriaemia (bilateral)	9-21-36
Other contributory causes of importance:	
Meningitis, pneumococcus	9-22-36
Purulent pericarditis pneumococcus	9-19-36
EMPYEMA, PNEUMOCOCCUS, left	9-19-36

Was an operation performed? yes Date of

For what disease or injury? Abscess of leg, left

Name of operation Incision & Drainage Date of 9-20-36

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Leslie Fleming M. D.

(Address) Union Mem. Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27530 F 27530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W 36th St St. 13-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Francis H. Christmas

(a) Residence: No. 702 W 36th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Christmas

6. DATE OF BIRTH (month, day, year) May 30, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (no)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George H. Merryman

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary E. Stricklin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John H. Christmas

(Address) 702 W 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date Sept 25, 1936

19. UNDERTAKER Thanower & Son.

(Address) 3615-17 Elston Ave.

SEP 24 1936 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to Sept 22, 1936

I last saw h.R. alive on Sept 22, 1936 Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of heart, myocarditis mitral insufficiency	9/21/36

Other contributory causes of importance:

Senile arteriosclerosis generalized.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Weisfogel M. D.

(Address) 1900 W. Royal Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27531

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27531

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH — 17319 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Smith

(a) Residence: No. 726 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-10-~~1838~~ 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 ~~47~~	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Smith

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loc. Ref. Date Sept 24-36

19. UNDERTAKER Harry C. Miller
(Address) 2203-05 E. Lanvale St

20. FILED

SEP 24 1936

SEP 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23-36

22. I HEREBY CERTIFY, That I attended deceased from 9-21, 1936 to 9-23, 1936

I last saw h. l. M. alive on 9-23, 1936 Death is said to have occurred on the date stated above, at 2.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	9-16-36

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27532

CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH South Baltimore General Hospital. Registered No.

CITY OF BALTIMORE: (No.) St., 3-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Marie Mateyunk If U. S. Veteran specify WAR

(a) Residence: No. 400 South Bond Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 23-1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Felix Mateyunk

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Rosalie Rakowski

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Rosalie Mateyunk
(Address) 400 S Bond st

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Sept 26 of 1936

19. UNDERTAKER George J. Weber
(Address) 705 S Linn st

20. FILED SEP 24 1936, 19 Registrar, Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1936, to September 22, 1936

I last saw her alive on September 22, 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease, Mitral Involvement.	About
Myocardial Failure	4 yrs. ago
Other contributory causes of importance:	
Acute Hepatitis	Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. Wojciechowski, M. D.

(Address) 526 S. Bond St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27533

F 27533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 130

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. ..... St., 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Fitzhugh Blackmore

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurable St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 10, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Madison Indiana

FATHER

13. NAME Dawson Blackmore

14. BIRTHPLACE (city or town) (State or country) Madison Indiana

MOTHER

15. MAIDEN NAME Ellin Moale Worthington

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Home for Incurable Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept 23, 1936

19. UNDERTAKER Wm. J. Tucker & Son

(Address) [illegible]

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932 to Sept 22 1936

I last saw her alive on Sept 22 1936 Death is said to have occurred on the date stated above, at 5.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub acute glomerular Nephritis-	Aug 1936
Other contributory causes of importance: Uremia	10 days

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. B. Mayo M. D.

(Address) Medical Asst. Home

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 24 1936

F 27534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27534

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 28 St., H-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Detwiler

(a) Residence: No. Johnstonburg Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Detwiler

6. DATE OF BIRTH (month, day, year) Apr. 14, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30?

12. BIRTHPLACE (city or town) (State or country) Milheim Pa

FATHER

13. NAME Jas. W. Detwiler

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Stephine Warfel

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Bessie Detwiler

(Address) Johnstonburg Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Johnstonburg Pa Sept 26 1936

19. UNDERTAKER Chas. Wickerham Sons

(Address) North & Paca Sts.

20. FILED SEP 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936 to Sept 23, 1936

I last saw him alive on Sept 23, 1936 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (Maligant)	
1. frontal Lobe	6/1/36
Other contributory causes of importance:	

Was an operation performed? Yes Date of 9/10/36

For what disease or injury? Brain tumor

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John M. Warren M. D.

(Address) University Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 27535 1268-9

F 27535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 788 Linnard St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Rosalie Keppers

If U. S. Veteran specify WAR .....

(a) Residence: No. 788 Linnard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Keppers

6. DATE OF BIRTH (month, day, year) Aug 4 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 8/1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Grady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Edith M. Sommerdyke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs James Kings Daughter (Address) 821 N. Fayett. St.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 9/25-36

19. UNDERTAKER George A Fahey (Address) Catonsville Md

20. FILED ..... 19 ..... Registrar Livingston Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the Thursday 2:15 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Illuminating Gas	

Other contributory causes of importance: Nervous and Mentally deranged

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/22, 1936

Where did injury occur? 788 Linnard St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Illuminating gas from cooking stove

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C Mann Coroner, M. D.

(Address) 1215 Hanover

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

SEP 24 1936

F 27536

F 27536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. 15-1

CITY OF BALTIMORE: (No. 3202 Mondawmin Ave., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MARGARET HOFMANN

If U. S. Veteran specify WAR

(a) Residence: No. 3202 Mondawmin Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Hofmann

6. DATE OF BIRTH (month, day, year) Feb. 24, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Kreiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John A. Hofmann

(Address) 3202 Mondawmin Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery. 9/26 1936

19. UNDERTAKER Chas. H. Grace & Son

(Address) 1516 W. Lexington Street

SEP 24 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24/36 19 to Sept 23 1936

I last saw h[illegible] alive on Sept 22 1936. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Myocarditis	1 mo
Anemia (secondary) contributory	6 mo
Other contributory causes of importance:	
Anemia (secondary) duration about 6 mo.	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Physical + laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Walter D. Hubbard M. D.

(Address) 220 Harrison Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27537

F 27537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Aisquith St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN ALLEN FINK

(a) Residence: No. 1430 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Nellie McKewen Noakes Fink

6. DATE OF BIRTH (month, day, year): Aug. 20, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Harry J. Fink

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Nellie I. Love

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs. Ellen Jane Fink
(Address): 1430 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: Sept. 25, 1936

19. UNDERTAKER: Chas. F. Rapp & Son
(Address): 115 W. Mt. Royal Ave

Huntington Williams, M.D.
Registrar.

SEP 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 193[illegible] to Sept 22, 1936

I last saw h[illegible] alive on Sept 22, 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Thrombosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. White Jr. M. D.

(Address) 2800 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 27538

F 27538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S Bimney St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Martinoski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 S Bimney St. St., ... Ward.

(Usual place of above) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 24th 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorcester County Md.

FATHER

13. NAME Walter Martinoski

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia Wozniak

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Julia Martinoski

(Address) 1019 S. Bimney

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Cem. Date Sept. 24 1936

19. UNDERTAKER Stephen J. Fealkowski

(Address) 1000 N. Kenwood Ave

[illegible] Fr. Eustace Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936 to ..... 19.....

I last saw him alive on Sept. 20, 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	Sept 19
Diarrhoea	
Other contributory causes of importance:	
Broncho-Pneumonia	Sept. 20, 1936

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Kroger M. D.

(Address) 2427 Edmondson Ave

SEP 24 1936

INFORMATION should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 27539 O.K. Paul Atherton, M.D. F 27539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403 Walther ave. St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jane Langville

If U. S. Veteran specify WAR .....

(a) Residence: No. 4403 Walther ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Langville

6. DATE OF BIRTH (month, day, year) Jan. 26, 1846.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	8 7	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Francis X. LaCrosse

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Annie E. Bruce,

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Annie E. Jenkins

(Address) 4403 Walther ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept. 25 1936

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Fayette St.

SEP 24 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 - 1936 to Sept 23 - 1936

I last saw h- alive on Sept 23 - 1936. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility —	
Other contributory causes of importance: Hypostatic Pneumonia	Sept 20

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury Aug 27 1936

Where did injury occur? 4403 Walther Blvd City. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fall on Stairs.

Nature of Injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Herman J. Gieske M. D.

(Address) 1900 Eastern Ave.

INSTRUCTIONS: The following items must be carefully answered. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27540

F 27540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 45-F

1. PLACE OF DEATH Maryland General Hosp. 11-3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Madden

If U. S. Veteran specify WAR .....

(a) Residence: No. Reisterstown, Md. St.; ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Madden

6. DATE OF BIRTH (month, day, year) April 7 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown, Md.

FATHER

13. NAME Nich Madden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Madden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Lukes Cem Date Sept 26, 1936

19. UNDERTAKER J. Pinkerton Sons

(Address) Reisterstown Md

Huntington Williams, Registrar. ..... 19 .....

SEP 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-26-36, 19..., to 9-24-36, 19...

I last saw him alive on 9-24-36, 19... Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pharynx & larynx	
Pneumonia	9-23-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jerome Edelman, M. D.

(Address) Maryland Gen'l Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 27541

HEALTH DEPARTMENT—CITY OF BALTIMORE

27541

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Eva Beckman

If U. S. Veteran specify WAR

(a) Residence: No. 4909 Hamilton ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert M. Beckman

6. DATE OF BIRTH (month, day, year) June 22nd 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs Ehmayer

(Address) 4909 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Sept. 26 1936

19. UNDERTAKER Frederick Sanderson

(Address) 7600 Belair Road

20. FILED SEP 24 1936 Huntington Williams, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1936, to Sept 22, 1936

I last saw her alive on Sept 22, 1936 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	9-21-36
Other contributory causes of importance: Carcinoma of Stomach, Liver & intestines.	?

Was an operation performed? Yes Date of 9-19-36

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy Date of 9-19-36

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R Stephenson M.D.

(Address) St Josephs Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 27542

F 27542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ...Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Vivian Kucz

(a) Residence: No. 627 [redacted] S. Bond St., St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 2. 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Walter Kucz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Lottie Ustasyewski

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Walter Kucz (Address) 627 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Sept 25 1936

19. UNDERTAKER Fred W. Ozarowski (Address) 1900 Eastern Ave.

[redacted] Washington Blvd

SEP 24 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1936 to Sept. 23, 1936

I last saw her alive on Sept. 23, 1936 Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, right & left side, recurrent	
Empyema, right side	
Bilateral Otitis media	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Millard Jeffery, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. It is important that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

F 27543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27543

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. E. Ward 2nd)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl McAllen

If U. S. Veteran specify WAR .....

(a) Residence: No. 806 Forest Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Weldon McAllen

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Laura Tuller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Gen Hosp Date 9-20-36

19. UNDERTAKER

(Address)

20. FILED SEP 21 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-27-36, 19 .. to 9-18-36, 19 ..

I last saw her alive on 9-18-36, 19 . Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 8-27-36

Other contributory causes of importance:

Hydramnion

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Stevens, M. D.

(Address) Md Gen Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27544

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 27544

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Harry F. Mills

(a) Residence: No. 604 W Robinson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Caroline Darmstad

6. DATE OF BIRTH (month, day, year) Oct. 29th 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51	10 10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Brakeman (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9/73

11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Thomas Mills

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Mrs. Caroline Mills

(Address) 604 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Lot Date 9/26/1936

19. UNDERTAKER E. J. Fleming & Son

(Address) 1938 E. Lafayette Ave.

P 24 1936

Washington Nathanson

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936 to Sept. 23 1936

I last saw him alive on Sept. 23 1936. Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postal cachexia	1933
	4 mo

Other contributory causes of importance:

Name of operation Resection of diaphragm Date of 9/22/36

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. L. Anderson, M. D.

(Address) Church Home & Infir.

INSTRUCTIONS: Be careful, legible and complete. Write plainly with pen and ink. Do not use pencil. Do not abbreviate. Use words, not figures, except in stating AGE. Be sure to answer every question. If unknown, state so. Do not omit any item. If none, write "None." Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27545

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 1-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethington Merrett

If U. S. Veteran specify WAR .....

(a) Residence: No. 2827 Hudson St., ... Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Merritt

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waterman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ethington S merritt

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Margaret J Bell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie Merritt

(Address) 2827 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 9/26 19 36

19. UNDERTAKER John J Finda

(Address) 2811 Hudson St

19. FILED SEP 24 1936 Huntington Pittman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1936, to Sept. 23, 1936

I last saw him alive on Sept 23, 1936 Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 wk
Diabetes Mellitus	?
Arteriosclerosis	?
Other contributory causes of importance: Chronic Nephritis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of ...

What test confirmed diagnosis? Aut — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury —, 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephens M. D.

(Address) St Josephs Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27546

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH 14567 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1925 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Venerando, Badolato

(a) Residence: No. 1954 Patterson Park Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carmella

6. DATE OF BIRTH (month, day, year) 9-24-~~1855~~ 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83 ~~84~~	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvador (D) Badolato

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Domaneca (D) Badolato

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records of Balto. City Hpspts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsland Mem Park Date 9-26, 1936

19. UNDERTAKER Albert L. Nitt Jr
(Address) Harb Res Huntington Williams 1839

FILED SEP 24 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1936 to 9-23, 1936

I last saw him alive on 9-23, 1936 Death is said to have occurred on the date stated above, at 7 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of prostate	2 yrs.
Other contributory causes of Importance: Coronary Thrombosis?	

Was an operation performed? Not Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Hoover M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27547

CERTIFICATE OF DEATH

15110 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Wade

(a) Residence: No. (over) St., B7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 9-25 1936

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1518 Eutaw St

P 24 1936 Registrar

RCH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14 1936 to 9-17 1936

I last saw her alive on 9-17 1936. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-17-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

(over)

F

This certificate should be carefully supplied. Any error should be noted IMMEDIATELY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K. Paul Mueller, M.D. F 27548

F 27548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2300 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Brenda Claire Bishop

(a) Residence: No. Sinai Hospital St., Ward. (Home Brooklyn, N.Y.)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph S. Bishop

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen E. Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph S. Bishop

(Address) 2237 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept. 25 1936

19. UNDERTAKER L. Miller & Son

(Address) 2334 Jefferson St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1936 to Sept 22 1936.

I last saw her alive on Sept 22 1936. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury Poisoning	9-19-36.
Uremia (Acute)	

Other contributory causes of importance:

Tubular Nephritis, Acute

Was an operation performed? YES Date of 9-20-36.

For what disease or injury? Bichloride of Mercury Poisoning

Name of operation Appendicostomy; Caecostomy Date of 9-20-36

What test confirmed diagnosis Autopsy Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/19/ 1936

Where did injury occur? Sinai Hospital - Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Took Bichloride tablets by mistake.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Geffney M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. H 1268-9

F 27549 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27549

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Wayne ave St., 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence L. Baker

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5312 Wayne ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Baker

6. DATE OF BIRTH (month, day, year) Oct 23. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Robinson L. Baker

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lelia Smithers

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Lelia Smith.

(Address) 5312 Wayne ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 25 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

(Signature) Huntington Williams, Registrar

SEP 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereof; and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... found that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above, at 2 20 pm.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death	Date of onset
Gunshot wound head by bullet fired by		
Suicide.		

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9 23 1936

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Shot self with pistol

Nature of injury wound in head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C Mann Coroner M. D.

(Address) 125 Hanover

F 27550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27550

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St., 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Freida Herzog

(a) Residence: No. 700 W. 40th St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	5 6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles August Herzog

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adeline Weiger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emily Bachtel

(Address) 700 W 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date Sept 26 1936

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul Street

20. FILED ..... 19..... Registrar

SEP 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4th 37 to Sept 23 1936

that I last saw her alive on Sept 23 1936 Death is said to have occurred on the date stated above, at 11:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis Acute	Aug 1936
Other contributory causes of importance: Acute Pyelitis	Sept-6 1936

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Phillip B Thayer M. D.

(Address) Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

27551 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27551

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 W. Fayette St. 10-36 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William D. Bourne If U. S. Veteran specify WAR No Record

(a) Residence: No. 2135 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Agnes M. Bourne

6. DATE OF BIRTH (month, day, year) Oct 25th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10 mo	29 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Mechanic

9. Industry or business in which work was done, as mill, saw mill, bank, etc. U. S. Govt. Fort McHenry

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Bourne

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Dykes

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Agnes M. Bourne
(Address) 2135 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 26th 1936

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St

20. FILED SEP 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1936 to Sept. 23rd, 1936

I last saw him alive on Sept 23, 1936 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/17/36
Other contributory causes of importance:	
Chronic Bronchitis	
Emphysema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. C. MacLaughlin M. D.

(Address) Mulberry & Payson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 27552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27552

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... University Hospital ..... St., 27-12 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry M. Lummis

If U. S. Veteran specify WAR .....

(a) Residence: No. 49 Gittings Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel F. Lummis

6. DATE OF BIRTH (month, day, year) June 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Henry M. Lummis

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Delphine Beatty

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Mrs H. Lummis

(Address) 49 Gittings Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Sept. 25, 1936

19. UNDERTAKER E. Leroy Riffle, Inc.

(Address) 1252 North Ave.

20. FILED SEP 25 1936 19 ..... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Carlin, M. D.
Coroner

(Address) 2757 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

27553

HEALTH DEPARTMENT—CITY OF BALTIMORE

27553

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9th (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Jerome Kelleam Sullivan

(a) Residence: No. 817 Venable Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Dwyer Sullivan

6. DATE OF BIRTH (month, day, year) Aug. 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Daniel Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Eleanor McViel

16. BIRTHPLACE (city or town) (State or country) ---------- Ireland

17. INFORMANT Mrs. Mary D. Sullivan

(Address) 2026 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 9/26 1936

19. UNDERTAKER Henry J. Weber's Son

(Address) 505 N. Eutaw St.

20. FILED ..... 1936 ..... Registrar.

SEP 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1936 to Sept 23rd 1936

I last saw him alive on Sept 23rd 1936 Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	Aug 2d
Post Operative Cholecystitis	Sept 22

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/22/36

For what disease or injury? Carcinoma of Head of Pancreas

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. Thomas Albrittain M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27554

✓ F 27554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Meyer Paul

(a) Residence: No. 130 N. Linwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/20/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6 10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Sam Paul

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Minnie Bloom

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 9-25-36 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Balto St.

20. Filed 19 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24/36 19

22. I HEREBY CERTIFY, That I attended deceased from 9/22/36 19 to 9/24/36 19

I last saw him alive on 9/24/36 19 Death is said to have occurred on the date stated above, at 4:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tracheo Bronchitis	9/22/36
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) D. Rosenswalle M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 25 1936

27555

✓ F 27555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-44-81

Registered No. # 17066

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1926 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Core Finch

(a) Residence: No. 516 N. Eden St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noah

6. DATE OF BIRTH (month, day, year) Jan. 2 - 1880 1876 -

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51 Yrs 9 Mo 22 Da	50	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Zed Finch

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Sally

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Sept 26th 1936

19. UNDERTAKER Elroy T. Welsh
(Address) 1000 Pennsylvania ave Huntington Williams, W. Va.

20. FILED SEP 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from 9 - 10 1936 to 9 - 23 1936

I last saw her alive on 9 - 23 1936 Death is said to have occurred on the date stated above, at 10:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-22-36
Amyotrophic Lateral Sclerosis	Aug. 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M.D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27556 ✓ F 27556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Hilton & Caton Sts., West, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Preston E. Hale

If U.S. Veteran specify WAR

(a) Residence: No. Reisterstown, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Emma~~ Stanley Hale

6. DATE OF BIRTH (month, day, year) May 23-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME John T. Bandelz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Leah Ensor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Dolan Ch. Balto Co Md Date Sept 26, 1936

19. UNDERTAKER E. L. Tipton

(Address) Glen Rock Md.

20. FILED SEP 25 1936, 19

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1936 to 9-24, 1936

I last saw h[illegible] alive on 9-24, 1936 Death is said to have occurred on the date stated above, at 1.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vasc. Failure	1933
Arteriosclerosis Generalized	1933
Chronic Glomerular Nephritis	1933
Pulmonary Oedema	9-22-36

Other contributory causes of importance:

Anasarca

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lloyd L. Llewelyn M.D.

(Address) St Agnes Hospital

Information should be carefully supplied. All questions should be answered. If unknown, so state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 27557

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 F 27557

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 Harford Road ~~X~~ 9-7 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Augusta Virginia Miller (nee Lentz)

(a) Residence: No. 2728 Harford Road ~~X~~, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of John P. Miller

6. DATE OF BIRTH (month, day, year) May 13, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Heiland

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John P. Miller
(Address) 2728 Harford Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place London Park Date Sept 26th 19...

19. UNDERTAKER Geo. W. Schilling
(Address) 1126 E. Monument St

SEP 25 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936 to Sept 23, 1936

I last saw h.. alive on Sept 22, 1936 Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	Prior to 1936
Organ. breast	

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fritz J. Kinzer, M. D.

(Address) 2700 Harford Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27558

✓ F 27558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bishow Bishow

If U. S. Veteran specify WAR

(a) Residence: No. 2208 Eutaw place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jennie

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Bishow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Bishow

(Address) 2150 Mt Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Workmen's Circle Cem. Date Sept 25 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St

Huntington Williams, M.D.

19 Registrar

SEP 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1936, to September 25, 1936

I last saw h. alive on September 25, 1936. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	9/24/36
Hypertension	

Other contributory causes of importance:

Benign Prostatic Hypertrophy 1933

Was an operation performed? Yes Date of September 24, 1936

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Transurethral Prostatic Resection

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Myerowitz, M. D.

Address Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27559 ✓ F 27559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. 17263

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Frankwich

(a) Residence: No. 2422 W. Baltimore St., St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna

6. DATE OF BIRTH (month, day, year) 11-8-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0190

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Latvia

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Latvia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9/26/36

19. UNDERTAKER Harry H. Corbyn
(Address) 2451 Edmondson Ave.
Huntington Williams, M.D.

SEP 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-18 . 1936 to 9-22 . 1936

I last saw him alive on 9-22 . 1936 Death is said to have occurred on the date stated above, at 1 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cholecystitis & perforation of gall bladder	1 wk.
Other contributory causes of importance: peritonitis	2 days

Was an operation performed? yes Date of 9-19-36

For what disease or injury? acute Cholecystitis

What test confirmed diagnosis? autopsy Was an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Hoover M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. 27560

✓ F 27560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 S. Gilmor St St., 19-H Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Shaw

(a) Residence: No. 747 S. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Alice E. Shaw

6. DATE OF BIRTH (month, day, year) Dec 23, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John Cole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John E. Shaw (Address) 747 S. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 26, 36

19. UNDERTAKER Harry H. Wirth & Son
(Address) 1401 Pennsylvania Ave, Washington, D.C.

FILED ..... 19 ..... Registrar.

P 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Sept 23, 1936.

I last saw h. alive on Sept 23, 1936. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925

Other contributory causes of importance: none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Rosnin, M. D.

(Address) 206 S. Gilmor St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27561 F 27561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Ray Sautter Elmer Ray Sautter

(a) Residence: No. 1513 W. Franklin St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Herman Sautter

14. BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

MOTHER

15. MAIDEN NAME Mary Kelley

16. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

17. INFORMANT Mary Sautter

(Address) 1513 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 25 1936

19. UNDERTAKER Mrs Katie R Williams

(Address) 222 N Fremont St.

20. FILED SEP 25 1936, 19... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936, to Sept 24, 1936

I last saw him alive on Sept 24, 1936. Death is said to have occurred on the date stated above, at 12 10 a m.

The prinrlpal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Pleurisy	
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 21, 1936

For what disease or injury? Bilateral otitis media.

(Paracentesis of drums)

What test confirmed diagnosis? X Ray. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Sperify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in publir place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. W. Robinson M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 27562

F 27562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-5-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hawkins Point Rd. St. Curtis Creek Ward)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah R. Shores. If U. S. Veteran specify WAR .....

(a) Residence: No. Hawkins Point Rd. St. Curtis Creek. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~Married~~ widowed, or ~~divorced~~ HUSBAND of ~~WIFE~~ (or) WIFE of John Shores.

6. DATE OF BIRTH (month, day, year) November 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John T. Tyler.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah R. Fisher.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Roia E. Weaver. (daughter)

(Address) 4014 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Marley Neck Church Cem. Date Sept 26. 1936

19. UNDERTAKER Joseph B Cook

(Address) 1000 N. Baltimore St.

Baltimore Md

Registrar.

P 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstial Nephritis	
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt M. D.

Coroner

9/24/36 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27563

M. D. B 1268-9

F 27563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 21-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Medicus

If U. S. Veteran specify WAR

(a) Residence: No. 1318 Sargant St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Medicus

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Morgan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Medicus

(Address) 1318 Sargant St.

18. BURIAL, CREMATION, OR REMOVAL

Place County Com Date 9/25 1936

19. UNDERTAKER Wyant & Tyler

(Address) 1922 Light St

20. FILED P 25 1936 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Maluntrition	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Cullen, M. D.

Coroner

(Address) 2757 Mainline

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S S

M. D. B 1268-9

F 27564

F 27564 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

141-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 3-L Ward)

Registered No. .....
(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Mazerski

(a) Residence: No. 502 S. Dallas St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Victor Mazerski

6. DATE OF BIRTH (month, day, year) July 17, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	2	8 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... did not

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Victor Mazerski
(Address) 502 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Sep. 26. 1936

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern ave.

SEP 25 1936 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept. 23, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incomplet Abortion	
(Spontaneous)	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 6

13993

F 27565

F 27565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Gatewood

(a) Residence: No. 929 Penna. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married (separated)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 1-31-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Emanuel White (Deceased)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Phyllis Gerest (Deceased)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. MC. Date 9/25 19 36

19. UNDERTAKER Wm A Jackson
(Address) 416 Penna Ave
Huntington Williams, Reg.
Registrar.

SEP 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1936 to 9-23 1936

I last saw h alive on 9-23 1936 Death is said to have occurred on the date stated above, at 9 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mo.
Tuberculosis of ribs right	6 mos.

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed d autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Walter Love M. D.

(Address) Bal. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Paul Hooper

(a) Residence: No. 1210 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Pearl Hooper

6. DATE OF BIRTH (month, day, year) Aug 2 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Ralph Hooper

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME T. Murphy

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Ralph Hooper 846 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL Place Durham N.C. Date 9/28 36

19. UNDERTAKER (Address) Wm A Jackson 916 Penna ave

Huntington Williams Inc

FILED 25 1936

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24th 1936 to Sept. 25th 1936.

I last saw him alive on Sept. 24th 1936. Death is said to have occurred on the date stated above, at 2.25 ~~A~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	9/21/36

Other contributory causes of importance:

Aspiration asphyxia

Was an operation performed? yes Date of Sept. 25, 1936

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? ~~yes~~ autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Daniel R Colburn, M. D.

(Address) Mercy Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27567 ✓ F 27567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Arlington ave St., 18-W Ward)

Length of residence in city or town where death occurred 92 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret M. Russell

If U. S. Veteran specify WAR .....

(a) Residence: No. 516 Arlington ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Peter Russell

6. DATE OF BIRTH (month, day, year) Jan. 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John J. Fetsch

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Lot Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Russell

(Address) 516 Arlington ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 26, 1936

19. UNDERTAKER John A. Nolan

(Address) 3000 E. Baltimore St.

Filed SEP 25 1936, 19.. Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Sept 23, 1936

I last saw h[illegible] alive on Sept 23, 1936. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, (Specify)

(Signed) W. W. Wheaton, M. D.

(Address) 430 E 4th Pa

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 27568

E 27568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 26-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Schepf

If U. S. Veteran specify WAR .....

(a) Residence: No. 3506 E. Baeto St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Schepf

6. DATE OF BIRTH (month, day, year) Mar. 13 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Charles Kahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Seifert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Howard Schepf

(Address) 3506 E. Baeto St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Sept 26, 1936

19. UNDERTAKER John A. Moran

(Address) 3003 E. Baltimore St

Huntington & Thrasher, Inc.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
Compound Fx. Left Femur	
Fx. Rt. Femur	
Fx. Rt. Radius + Ulna	
Laceration of Scalp	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/23 1936

Where did injury occur? Baeto and (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Steps 3506 E Baeto St

Manner of injury Fell down Steps

Nature of injury Fractured Steps

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Elmer B Wallace M. D. Coroner

(Address) 1031 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.6

SEP 25 1936

F 27569

27569

F 27569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Clifton Ave. St. 15-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Curry

If U.S. Veteran specify WAR

(a) Residence: No. 2917 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Curry

6. DATE OF BIRTH (month, day, year) Feb. 29, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York County Pa.

FATHER

13. NAME Aquilly Cooper

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Cynthia Forwood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles C. Curry

(Address) 2917 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 28 19 36

19. UNDERTAKER John D. Mitchell & Son, Inc.

(Address) 1900 Eutaw Place

20. FILED SEP 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28/36

22. I HEREBY CERTIFY, That attended deceased from Sept. 1, 1936, to Sept 24, 1936

I last saw her alive on Sept 24, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage.	few hrs.
Other contributory causes of importance:	
arteriosclerosis	several years

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herbert C. Blake M. D.

(Address) Medical Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27570

F 27570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. 252

CITY OF BALTIMORE: (No. 1213 Light St. St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Louis Knapp If U. S. Veteran specify WAR

(a) Residence: No. 2722 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea Knapp.

6. DATE OF BIRTH (month, day, year) March 8/1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad M. Knapp.

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Carolina Petzold.

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Dorothea Knapp
(Address) 2722 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 25 1936

19. UNDERTAKER C. Schloman & Son
(Address) 1039 Lemmon st

20. FILED SEP 25 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to Sept 23, 1936

I last saw him alive on Sept 23, 1936 Death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Terminal bronchopneumonia
Myocardial failure

Other contributory causes of importance:

Chronic myocarditis & Generalized arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L Webb M. D.
(Address) 1213 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

27571

F 27571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 E. Ostend St. St. 24-3 Ward)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gordon Ernest Blum.

(a) Residence: No. 105 E. Ostend St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 17, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Blum.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Vertie Taylor.

16. BIRTHPLACE (city or town) (State or country) A.A.Co. Md

17. INFORMANT Vertie Blum. (mother)
(Address) 105 E. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Date Sept 26, 1936

19. UNDERTAKER
(Address)

Sept 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

9/25/36 (Address) 1017 S. Charles St.

Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27572

27572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 W. Hoffman St. 11-4 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Montague

(a) Residence: No. 327 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed or divorced HUSBAND of ~~(or WIFE of)~~ Sadie Montague

6. DATE OF BIRTH (month, day, year) Aug 1, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month and year) May 1936
11. Total time (years) spent in this occupation. 9

12. BIRTHPLACE (city or town) (State or country) Westmoreland County Va.

FATHER

13. NAME Thomas Montague
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Joseph N. Montague
(Address) 1314 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date Sept 25 1936

19. UNDERTAKER Bernard P. Gaffney
(Address) 818 Druid Hill Ave

Sept 25 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to Sept 22 1936

I last saw him alive on Sept 22 1936. Death is said to have occurred on the date stated above, at 9.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Heart Disease	4 Mo.

Other contributory causes of importance:

Arterio-Sclerosis	yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Donald Brando M. D.

(Address) 2-4 S. Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

F 27573

F 27573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sylvia Williams

(a) Residence: No. 558 - St. Mary's St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Williams

14. BIRTHPLACE (city or town) (State or country) Relay Md.

MOTHER

15. MAIDEN NAME Hazel Friend

16. BIRTHPLACE (city or town) (State or country) Halls Hill U.S.

17. INFORMANT Joseph Williams
(Address) 558 St. Mary St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9/26/ 1936

19. UNDERTAKER Frances A Hemsley
(Address) 578 W. Biddle St.

Huntington Pittsburgh Pa.

Registrar

EP 25 1936

A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1936 to Sept. 25, 1936

I last saw her alive on Sept. 25, 1936. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery	9/12/36
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sidney Selman, M. D.

(Address) .....

STATE CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 27574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27574

CERTIFICATE OF DEATH

X 160-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Smith If U.S. Veteran specify WAR ---

(a) Residence: No. 18 Linden Ter. Towson, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/24/36

7. AGE — Years: — Months: — Days: 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Julian J. Smith
14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER
15. MAIDEN NAME: Anne Phillips
16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Julian J. Smith
(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: 9/26 19 36

19. UNDERTAKER: Chas. B. Marsh & Son
(Address) 111 West Eager St

20. FILED: SEP 25 1936 — Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/25/36

22. I HEREBY CERTIFY, That I attended deceased from 9/24/36 to 9/25/36 19 ..... I last saw him alive on 9/25 19 36 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas B Marsh M. D.
(Address) Bon Secours Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27575

F 27575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 S. Clinton St. 26-11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George V. Schanz. If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 S. Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Schanz.

6. DATE OF BIRTH (month, day, year) Nov. 1, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 1st

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Company

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Schanz.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Deffer.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Elizabeth Schanz.
(Address) 1004 S Clinton St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Date Sept 26 1936

19. UNDERTAKER Wendell Chappell
(Address) 1705 Druid Hill Ave

P 29 1936 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany, 1935, to Sept 22, 1936.

I last saw him alive on Sept 22, 1936 Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1920
Generalized Arteriosclerosis	
Myocardial failure	9-22-36

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None. Date of .....

What test confirmed diagnosis? Lab + Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Ed Schaninck, M. D.

(Address) 842 S. East Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27576

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Elizabeth Brown. If U. S. Veteran specify WAR No Record

(a) Residence: No. Brookland Wood Farms St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Eugene F. Brown.

6. DATE OF BIRTH (month, day, year) 10/31/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	46	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Stephens

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alberta McCoy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eugene F. Brown

(Address) Brooklandwood Md.

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date Sept 28 19 36

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED ____ 19 ____ Registrar

SEP 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1936 to 9/24 1936

I last saw her alive on 9/24 1936 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Appendicitis (ruptured)	9/15/36
c Generee Peritonitis	9/18/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/20/36

For what disease or injury? Acute appendicitis

Name of operation Appendectomy Date of 9/20/36

What test confirmed diagnosis? ↑ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Simon J Kemp M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 27577 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27577

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. Legg

If U. S. Veteran specify WAR .....

(a) Residence: No. 517 N. Chapel St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta L. Legg

6. DATE OF BIRTH (month, day, year) Oct. 30, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Designer

10. Date deceased last worked at this occupation (month and year) 9/4/36

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) New York N.Y

FATHER

13. NAME ? Legg

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ida Stewart

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Albert L. Legg

(Address) 517 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 28 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED SEP 28 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Gordon Coroner, M. D.

(Address) 23 E. Mon

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

27578

✓ F 27578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elvira E Washington

If U. S. Veteran specify WAR .....

(a) Residence: No. 809 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 27-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Md

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Earl Bowyer

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mabel Washington

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mabel Washington
(Address) 809 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 26, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St
Huntington Williams, Reg.

20. [illegible] 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dehydration	Sept 22
Acute bacillary dysentery	1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lucy L. Adams Coroner . M. D.

(Address) 5 S Augusta Ave

EP 26 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27579 268-9

✓ F 27579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 W Mulberry St. / 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Owens

If U. S. Veteran specify WAR

(a) Residence: No. 1125 W Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Owens

6. DATE OF BIRTH (month, day, year) Sept 15-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arundel Co Md

MOTHER FATHER

13. NAME William Owens

14. BIRTHPLACE (city or town) (State or country) Arundel Co Md

15. MAIDEN NAME Polly ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Owens

(Address) 1125 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Anne Arundel Co. Md Date Sept 28, 1936

19. UNDERTAKER Mr Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 19 Registrar.

Huntington Williams Md

SEP 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Sept 23 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Allen M. D.

Coroner

(Address) 610 Fairmount Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-BF 27580

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Lentz

(a) Residence: No. 2941 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Lentz

6. DATE OF BIRTH (month, day, year) Dec. 9 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Sept. 1, 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Frederick Eckmeyer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pauline Myers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Eckmeyer

(Address) 2941 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL? Baltimore County

Place Date Sept 26 1936

19. UNDERTAKER Fred'k Lanahan & Son

(Address) 7701 Belair Rd.

FILED SEP 26 1936 Harrington Williams, M.D. Registrar

GHG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 . 1936 to Sept 25 . 1936

I last saw her alive on Sept 23 . 1936 Death is said to have occurred on the date stated above, at 10 30 a m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure during operation — Date of onset 9-25-36

Other contributory causes of importance:

Pituitary cause

Was an operation performed? Yes Date of 9-24-36

For what disease or injury? Enlargement of thyroid gland

What test confirmed diagnosis? B. M. R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilson L. Wells M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27581

F 27581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Pierpont St., 25th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Lee Collison

If U. S. Veteran specify WAR .....

(a) Residence: No. 2708 Pierpont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 9/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Holly B. Collison

14. BIRTHPLACE (city or town) (State or country) Clay W. Va.

MOTHER

15. MAIDEN NAME Margaret Conlan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Holly B. Collison (Father)

(Address) 2708 Pierpont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Sept 28 1936

19. UNDERTAKER Margaret J. Flynn

(Address) 2107 N. Hilton St. Baltimore Md

Filed ..... 19 ..... Registrar .....

P 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1936 to Sept 25 1936

I last saw h[illegible] alive on Sept 25 1936 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Diarrhoea and Enteritis — Date of onset Sept 21/36

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What pathological diagnosis? ..... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. S. Glauner M. D.

(Address) 2708 Pallis Baltimore Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27582

F 27582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N Caroline St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Parker

(a) Residence: No. 807 N Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Parker

6. DATE OF BIRTH (month, day, and year) Sept 18-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond County Va

FATHER

13. NAME Mack Veney

14. BIRTHPLACE (city or town) (State or country) Richmond County Va

MOTHER

15. MAIDEN NAME Lorence Spencer

16. BIRTHPLACE (city or town) (State or country) Richmond County Va

17. INFORMANT Ada Spencer Custis
(Address) 807 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/27/36

19. UNDERTAKER Robert H. Young
(Address) 804 N Eutaw Pharmacy, Md

Registrar. 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to ... death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Dehydration	Sept 20 1936
Acute Peritonitis	

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Wasserberg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. L. Allen Coroner

(Address) 504 Augusta St

M. D.

SEP 26 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27583

27583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 133

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Sherman

If U.S. Veteran specify WAR .....

(a) Residence: No. Mt. Airy, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 5-24-30

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ✓ Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Mt Airy, Md.

FATHER

13. NAME Joseph Sherman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Amanda Rinkey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove, County Date Sept 28 36

19. UNDERTAKER C. M. Waltz
(Address) Mayfield, Md.

Huntington Williams, Registrar

SEP 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1936 to 9-26, 1936

I last saw her alive on 9-26, 1936. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (?)	9-25-36
Other contributory causes of importance: Pyelitis bilateral	9-1-35

Was an operation performed? no Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? None → Brain to be sectioned Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Irving Freeman, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27584

27584 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Penitentiary Hyg. St., 10-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George McCraney

(a) Residence: No. 964 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Allen McCraney

6. DATE OF BIRTH (month, day, year) Feb 1st 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester South Carolina

FATHER

13. NAME George McCraney

14. BIRTHPLACE (city or town) (State or country) Chester South Carolina

MOTHER

15. MAIDEN NAME Nora Hemphill

16. BIRTHPLACE (city or town) (State or country) Chester South Carolina

17. INFORMANT Himself
(Address)

18. BURIAL, CREMATION, OR REMOVAL Chester S.C. Date Sept 26 1936

19. UNDERTAKER Lyman P. Hennessey
(Address) 515 Druid Hill Ave

Registrar.

FILED SEP 26 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27th 1936 to Sept 26th 1936

Last saw him alive on Sept 26th 1936. Death is said to have occurred on the date stated above, at 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Migratory Thrombo-Phlebitis	7-27-36
Other contributory causes of importance: Probably Abdominal Malignancy	prior

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John F. Aubrey M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27585

M. D. B 1268-9

F 27585 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Madison St. E 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zelby Zaubrum ★2 If U. S. Veteran specify WAR .....

(a) Residence: No. 1625 Madison St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 25-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0			6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nathaniel Zaubrum

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hilda Richards

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hilden Zaubrum
(Address) 1625 Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Mull School Date Sept 26, 1936

19. UNDERTAKER .....
(Address) .....

20. FILED SEP 27 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Premature Delivery	
7th month (pregnancy)	
Found after term	
(b)	
(c)	
(d)	

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. S. Gallen Coroner, M. D.

(Address) 520 Lansdowne St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1288-9

F 27586

F 27586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1625 Madison E. St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Baby Barbour ✓ U. S. Veteran specify WAR

(a) Residence: No. 1625 Madison E. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 25-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby also

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nathaniel Barbour

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hilda Richards

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hilda Barbow

(Address) 1625 Madison st

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mt. Olivet Date Sept 26, 1936

19. UNDERTAKER

(Address)

20. FILED Sept 27 1936 Huntington Killingsworth (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Delivery 7 months Pregnancy (One of Twins)	
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Nothing Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen, M. D. Coroner

(Address) 520 Parsons

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 27 1936

26W

27587 F 27587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#17390 - 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 12 - 3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1932 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Miller

(a) Residence: No. 1701 Barclay St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-15-08

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Grace Ruth

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster, Pa. Date Sept 27 1936

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.
Huntington Williamsport

20. FILED
27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-21 1936 to 9-24 1936

I last saw h alive on 9-24 1936 Death is said to have occurred on the date stated above, at 1.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr?
Tuberculosis of Kidneys	Ans?

Other contributory causes of importance

Fecal fistula	3 mos.

Was an operation performed? yes Date of (University Hospital)

For what disease or injury? Tuberculosis of kidney

What test confirmed diagnosis? physical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. A. Hooper M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

17308

F 27588

27588 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 349 - 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hertford Smithwick

(a) Residence: No. 752 Redwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Zenia

6. DATE OF BIRTH (month, day, year) 2-3-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Hattie Moore

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Sept 28 1936

19. UNDERTAKER Samuel H. Chase Co.
(Address) 638 W. Lemon St.

20. [illegible] Sept 27 1936 [illegible]
R. P. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-21 1936 to 9-24 1936

I last saw him alive on 9-24 1936 Death is said to have occurred on the date stated above, at 9:53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9-18-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F Raney M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 27589

F 27589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1809 N. Montford Ave. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Orth

If U. S. Veteran specify WAR .....

(a) Residence: No. 1305 N. Montford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H. Orth

6. DATE OF BIRTH (month, day, year) August 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME John Fuchs

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME ? Wurster

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Frank Orth Jr.
(Address) 3031 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 28 1936

19. UNDERTAKER Geo, M. Fink & Son
(Address) 811 N Wolfe St.

20. Filed ..... 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the residence obtained by said Inquest (Inquest, Autopsy or Inquiry) And that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Friedman ✓ F 27590

F 27590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 E. Pratt St., 3-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Friedman

If U. S. Veteran specify WAR

(a) Residence: No. 1001 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Esa Friedman

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry Box Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Hyman Friedman

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Reuben Friedman Son

(Address) 1001 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Ave Date Sept 27, 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E. Baltimore St

CERTIFIED [illegible]

SEP 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to Sept 26, 1936

I last saw h[illegible] alive on Sept 26, 1936 Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Cardiac Dilatation	12 hours
Other contributory causes of importance: Coronary Thrombosis	Dec 10 1935

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. J. Davidor, M. D.

(Address) 3228 Eastern Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. LAST STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

F 27591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27591

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Erdman Ave 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie F. Aburn

(a) Residence: No. 2406 Erdman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Johnson B. Aburn

6. DATE OF BIRTH (month, day, year) Apr. 8/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gottlieb Aburn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John C. Mencke Jr
(Address) 2406 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 9/28/36

19. UNDERTAKER Philip Henrig Sons
(Address) 2616 Orleans St

20. Filed ..... 19 ..... (Registrar)

SEP 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25/36

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936 to Sept 25 1936

I last saw her alive on 9/24 1936. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	

Other contributory causes of importance:

Chr nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) R. L. Frankenfield M. D.

(Address) 1120 St Paul St. Balto. Md

HAS CAUSE OF DEATH in plain terms, as that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27592

✓ F 27592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 88

1. PLACE OF DEATH Maryland Gen'l. Hosp. 11-3 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Laura Rowe Boggs If U. S. Veteran specify WAR .....

(a) Residence: No. Tuscanum, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. N. Boggs

6. DATE OF BIRTH (month, day, year) Jan 21 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70 71	7	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville, Balto Co, Md

FATHER

13. NAME Milton Albright

14. BIRTHPLACE (city or town) (State or country) Cockeysville, Balto Co, Md

MOTHER

15. MAIDEN NAME Sarah Hoffman

16. BIRTHPLACE (city or town) (State or country) Hoffmanville Balto Co, Md

17. INFORMANT Harry E Rowe, (Address) 5723 Cunliffe Rd. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Jerusalem Cockeysville Date Sept 30, 1936

19. UNDERTAKER Wm. C. Bryden & Son (Address) Govans, Md.

Registrar.

27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1936, to 9-27, 1936

I last saw h[illegible] alive on 9-27-36, 19.... Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Cataract	
Other contributory causes of importance:	

Was an operation performed? yes Date of 9-16-36

For what disease or injury? Cataract

Name of operation Extraction of lens Date of 9-16-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerome F Feldman, M. D.

(Address) Maryland Gen'l Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 27593

F 27593 HEALTH DEPARTMENT—CITY OF BALTIMORE

45-W

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5308 Brabant Road 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Meehan

If U. S. Veteran specify WAR

(a) Residence: No. 818 W 37th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Meehan

6. DATE OF BIRTH (month, day, year) April 3 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Meade

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Doran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Meehan

(Address) 818 W 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Mount Calvary Date Sept 28, 1936

19. UNDERTAKER O'Donnell & Son.

(Address) 3615 Eastern Ave.

P 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from February, 1935 to Sept 26th 1936

I last saw her alive on Sept 1, 26 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1934

Other contributory causes of importance:

Was an operation performed? yes Date of Feb 1935

For what disease or injury? Epithelioma of Lip

Name of operation. Removal of Tumor Date of Feb 1935

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~ 19

Where did injury occur? ~

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Frances St. Gilles, M. D.

(Address) 900 St. 37th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 27594 ✓ F 27594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City H.D. St., 46-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Susie Adams

If U. S. Veteran specify WAR.....

(a) Residence: No. 6603 Fait St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Dec. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	66	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Assist in housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Checker Slovakia Austria

FATHER

13. NAME John Horvath

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Kreskia

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Andrew Adams (son)

(Address) 6603 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 28 1936

19. UNDERTAKER John Uelrich

(Address) 2008 Orleans St

[illegible] Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inq thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inq find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1910 S. [illegible]

P 27 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27595

✓ F 27595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1152a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 S Chapel St. 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Bayer

If U. S. Veteran specify WAR .....

(a) Residence: No. 295 Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Bayer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ada Seymour

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT John Bayer

(Address) 29 S Chapel

18. BURIAL, CREMATION, OR REMOVAL

Place Nat Cemet Date 9/28 36

19. UNDERTAKER Bernard G Feig

(Address) 5135 Raspe Blvd.

P 27 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) SEP 26 1936, 19

22. I HEREBY CERTIFY That I attended deceased from Sept 2 36 to SEP 26 1936, 19

I last saw h. alive on Sept 25 1936 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Right Thigh + Groin	1 Wk
Following Septic Throat	
Other contributory causes of importance:	
Pulmonary Oedema	1 Day

Was an operation performed? Yes Date of Sept 20-1936

For what disease or injury? Abscess

Name of operation Incision + Drainage Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J Scott M. D.

(Address) 413 N Fremont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Data entered in OCCUPATION is very important. See instructions on back of certificate.

27596 ✓ F 27596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4121 Kennison Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Stanislaus Branick

(a) Residence: No. 4121 Kennison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances V. Branick

6. DATE OF BIRTH (month, day, year) Nov 13 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 047

10. Date deceased last worked at this occupation (month and year) Sept 11 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Germany

FATHER

13. NAME Stanislaus Branick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances V. Branick

(Address) 4121 Kennison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Sept 29 1936

19. UNDERTAKER Harry N. Amacost & Son

(Address) 4204 Ridgewood Ave

20. FILED Sept 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept 26 1936

I last saw him alive on Sept 26 1936 Death is said to have occurred on the date stated above, at 5-45 p. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia. — Date of onset ?

Other contributory causes of importance:

Pulmonary abscess — 15 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Lemarco M. D.

(Address) Medical Arts Bldg

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

27 1936

F 27597

27597 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S Highland St. 76-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary M. Radomski

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 S Highland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Radomski

6. DATE OF BIRTH (month, day, year) Oct. 28 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Peter Oles.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Antonina Saporowska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Stephen J. Radkowski

(Address) 1000 S. Linwood ave

18. BURIAL, CREMATION, OR REMOVAL

St. Stanislaus Cem. Date Sept. 26 1936

19. UNDERTAKER Stephen J. Radkowski

(Address) 1000 S. Linwood ave

FILED Sept 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1936 to Sept 24 1936

I last saw her alive on Sept 24 1936. Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Mar 10 1936
Mets to Lungs & Bone	1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Abram J. Kaplan M. D.

(Address) 350 S Fait ave

OCCUPATION is very important. See instructions on back of certificate.

F 27598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N Carey St. 16-W Ward)

Registered No. 3696

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian M. Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 824 Carey St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Davis

6. DATE OF BIRTH (month, day, year) 12-24-1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49 50	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Pentecost Md

FATHER

13. NAME Henry Cotlin

14. BIRTHPLACE (city or town) (State or country) Pentecost Md

MOTHER

15. MAIDEN NAME Betsy Welling

16. BIRTHPLACE (city or town) (State or country) Pentecost Md

17. INFORMANT (Address) Eugene Anderson 824 Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cemetery Date 9-27 1926

19. UNDERTAKER Nelson W. Jackson

(Address) 914 Fremont Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25 1926

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1926, to 9-25 1926

I last saw her alive on 9-25 1926 Death is said to have occurred on the date stated above, at 12½ P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis	Unknown
Other contributory causes of importance:	
2 Intestinal obstruction	Unknown

Was an operation performed? Yes Date of 7-11-26

For what disease or injury? Intestinal obstruction

Name of operation Unknown Date of 7-11-26

What test confirmed diagnosis? Proved at operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank A. Landenberger, M. D.

(Address) 1029 N. Stricker St.

OCT 27 1936

RFD

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

27599 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 27599

CERTIFICATE OF DEATH X V121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 5-W (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 2 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry M. Foster

(a) Residence: No. White Hall Md St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry Farmer

10. Date deceased last worked at this occupation (month and year) Sept 22-36

11. Total time (years) spent in this occupation 15 —

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Henry Foster

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Cooper

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT St. Joseph's Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Int Date 19

19. UNDERTAKER P Markland Low

(Address) White Hall Md

20. FILED ..... 19 ..... Registrar

FEB 28 1936 Clayton Hillman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1936 to Sept. 27, 1936

I last saw him alive on Sept. 27 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation of Appendix Peritonitis	9-20-36
Other contributory causes of importance	

Was an operation performed? yes Date of 9-25-36

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 9-25-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

27600 F 27600

CERTIFICATE OF DEATH

195-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Johnson

(a) Residence: No. 916 Shields Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	~~Married~~

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) 2-14-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fuller Johnson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Jennie Cox

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery. Date Sept 28th 1936

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Brantley ave

SEP 28 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1936 to 9-26 1936

I last saw h/ M alive on 9-26 1936 Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-renal Lesion	9 Jan. 1934
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. F. Rayney M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 27601

F 27601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Gilmore St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME John L. Farley

(a) Residence: No. 225 S. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margretta Brown

6. DATE OF BIRTH (month, day, year) Jan. , 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 0029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME Lawrence Farley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margretta B. Farley

(Address) 225 S. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 28, 1936

19. UNDERTAKER John C. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place

20. FILED Sept 28 1936 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9 1936 to Sept 25 1936

I last saw him alive on Sept. 24 1936 Death is said to have occurred on the date stated above, at 2.20 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteriosclerosis	One yr. ago
Cerebral hemorrhage	9-24-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Lewis Ohler M.D.

(Address) 1203 W. Fayette St.

27602

HEALTH DEPARTMENT—CITY OF BALTIMORE

27602

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 E. Fayette St St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Zeiters

(a) Residence: No. 3104 E. Fayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryann Zeiters

6. DATE OF BIRTH (month, day, year) Oct. 30-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Sparrow Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hummeltown Penna Pa

FATHER

13. NAME Edward Zeiters

14. BIRTHPLACE (city or town) (State or country) Hummeltown Penna Pa.

MOTHER

15. MAIDEN NAME Mary Hoover

16. BIRTHPLACE (city or town) (State or country) Penna Pa

17. INFORMANT Blanch Karmann (Daughter)

(Address) 3104 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept. 30, 1936

19. UNDERTAKER Lilly & Feiler Inc.

(Address) 403 E. Monroe St.

20. FILED Sept 28 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1936 to Sept. 27, 1936

I last saw h[illegible] alive on Sept 26, 1936 Death is said to have occurred on the date stated above, at 5:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Debility Due to Chronic Nephritis	

Other contributory causes of importance

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Tousley M. D.

(Address) 441 S. Ellwood Ave

Vs 3

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT OCCUPATION is very important. See instructions on back of certificate.

F 27603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — 17290 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1928 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Jones

(a) Residence: No. 1719 Orleans St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) 2-23-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James (D)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Elliott (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 9/30 1936

19. UNDERTAKER Robert J Wilkins
(Address) 1515 McCulloh St Baltimore, Md.

SEP 28 1936

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1936 to 9-24 1936

I last saw h. M alive on 9-24 1936 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal Disease	1934
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kairey M. D.

(Address) Baltimore City Hospitals

F 27604

27604
31893 0 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No. X 72-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Regin Lowman (Regin Denton Lowman)

(a) Residence: No. Harmans A.A. Co. Md. Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Adelaide Lowman

6. DATE OF BIRTH (month, day, year) 2-6-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md A.A. Co

FATHER

13. NAME Denton Lowman

14. BIRTHPLACE (city or town) (State or country) A.A. Co Md

MOTHER

15. MAIDEN NAME Martha Meeks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Friendship Cem A.A. Co Md Date Sept 29 1936

19. UNDERTAKER J. Fletcher Thos Fletcher & Sons

(Address) Huntington Williams, MD

SEP 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1936 to Sept 26 1936

I last saw him alive on Sept 26 1936 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Enteritis due to Salmonella morgani

Date of onset

Other contributory causes of importance:

Lymphoid leukaemia

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Palmer Howard M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 27605

F 27605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 W. North Ave 15-1 Ward)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Clarice Kirk

(a) Residence: No. 1601 W. North Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert W. Kirk

6. DATE OF BIRTH (month, day, year): Feb. 24, 1898

7. AGE: Years 38 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: George Schultheis

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Mary Heil

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Mr. Robert W. Kirk 1601 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Middletown Md. Date: Sept 30 36

19. UNDERTAKER (Address): Wm. Pickrell Sons Huntington Williamsport Md.

SEP 28 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27 36

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 '36 to Sept. 27 '36

I last saw h[illegible] alive on Sept. 27 '36 Death is said to have occurred on the date stated above, at 4.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	3-1-26
Cerebral Hemorrhage	9/26/26

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. Zinberg M. D.

(Address) 2020 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

27606

CERTIFICATE OF DEATH

27606

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Division St. 14-Z Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Charles

(a) Residence: No. 1107 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Charles

6. DATE OF BIRTH (month, day, year) June 7,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carchester Co. Md

FATHER

13. NAME Edward H. Edelen

14. BIRTHPLACE (city or town) (State or country) Carchester Co. Md

MOTHER

15. MAIDEN NAME Addie Jenkins

16. BIRTHPLACE (city or town) (State or country) Carchester Co. Md

17. INFORMANT Anna Jackson sister

(Address) 2527 Salem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 9/28/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 576 W. Fayette St.

20. FILED ... 19 ... Registrar.

SEP 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hayes, Coroner. M. D.

(Address) 1215 Harrison

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

27607 F 27607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 12-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Nubert

(a) Residence: No. 3001 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced — — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Nubert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lena Teller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Louise Hubert (Sister)

(Address) 3001 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Sept. 28. 1936

Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry Sander

(Address) Baltimore & Broadway

Huntington Williams, M.D. Registrar.

20. FILED SEP 28 1936, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 15, 1934 to Sept 25, 1936

I last saw her alive on Sept 25, 1936. Death is said to have occurred on the date stated above, at 1 to P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuritis (T.B.)	
(Cardiac - weakness)	

Other contributory causes of importance:

Schizophrenia since 25 years.

Name of operation Date of

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lauman P. Clagett M. D.

(Address) 53 W Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

27608

F 27608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-104

1. PLACE OF DEATH

17178

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14 Ward 12)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Booker T. Bennett

(a) Residence: No. 413 Robert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-25-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	9	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Josephine Parson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sumter S C Date Sept 28 1936

19. UNDERTAKER Adolphus Hightead
(Address) 918 Druid Hill Ave Huntington Williams

P 28 1936 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936 to Sept 25, 1936

I last saw him alive on Sept 25, 1936 Death is said to have occurred on the date stated above, at 4.45 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 9-10-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed) A. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 27609

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 27609

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, St., 14-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nick Milich

(a) Residence: No. 1412 Ramsey St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nina Gloger MILICH

6. DATE OF BIRTH (month, day, year) May 15, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Extinguisher Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Niksich Yugoslavia

FATHER

13. NAME Merlo Milich

14. BIRTHPLACE (city or town) (State or country) Niksich Yugoslavia

MOTHER

15. MAIDEN NAME Lilly Polevitch

16. BIRTHPLACE (city or town) (State or country) Niksich Yugoslavia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Cemetery Date Sept 28th 36

19. UNDERTAKER A. J. Josco
(Address) 111 S. Gilmor st Huntington Williamson W Va

20. FILED SEP 28 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to September 25, 1936

I last saw him alive on September 25, 1936. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advances	1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) K K Bryant, M. D.
(Address) U.S. Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 27610 F 27610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23 17248

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pratt Nickolson

(a) Residence: No. 809 Plum Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-14-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Washington Nickolson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lizza ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 10/1/36

19. UNDERTAKER Daniel L Brown & Sons
(Address) 1015 N Montgomery St

SEP 28 1936 Clifton Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/36

22. I HEREBY CERTIFY, That I attended deceased from 9/17/36 to 9/27/36

I last saw him alive on 9/27/36. Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar '36?
Tuberculous Meningitis	9/22/36?

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? {X-ray / Sputum} Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A Jalexander M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 27611 F 27611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-as 10986

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Peter Williams

(a) Residence: No. 1128 Olive St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Peter Williams

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Jane Hillion

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 29 1936

19. UNDERTAKER James A Stavros
(Address) 142 Wood St

Huntington Williams, MD
Registrar

SEP 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1936 to 9-25, 1936

I last saw h. (M) alive on 9-25, 1936 Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-23-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F Kairey M. D.

(Address) Baltimore City, Maryland

OCCUPATION is very important. See instructions on back of certificate.

F 27612

F 27612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 4638 15933

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 8-6 Ward)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Berger

(a) Residence: No. 1516 N. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Berger

6. DATE OF BIRTH (month, day, year) ~~2-9-1866~~ 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~70~~ 70	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Way Master road

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hoover

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL [redacted] 9/30 1936
Place Baltimore Date

19. UNDERTAKER [illegible] & Co.
(Address) 1703 N. Patterson Park Ave.

20. Date SEP 28 1936 [illegible] Fairfield, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-5 1936 to 9-26 1936

I last saw him alive on 9-26 1936 Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset July 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospital

M. D. P. 1238-9

F 27613 HEALTH DEPARTMENT—CITY OF BALTIMORE F 27613

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St. 20-4 Ward) Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3½ hrs. ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Leishear, Albert Lorraine Leishear

(a) Residence: No. 36 Catherine St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 3½ hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Melvin Leishear

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Marie Eglestaw

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT M. Sup't K. O.
(Address) West Balto. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 28, 36

19. UNDERTAKER Harry A. Zepke
(Address) [illegible]

20. FILED Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1936 to Sept. 26, 1936
I last saw h[illegible] alive on Sept. 26, 1936 Death is said to have occurred on the date stated above, at 11:47 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 month prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. ...

(Signed) [illegible] M. D.
(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. s. 3

F 27614

F 27614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3 17323

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hoch

(a) Residence: No. 1042 Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian

6. DATE OF BIRTH (month, day, year) 3-17-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6 5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Huth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cunguniada

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 30 1936

19. UNDERTAKER Henry Huth Sons Inc
(Address) 301 E Eager St

Filed Sept 30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1936 to Sept. 26 1936

I last saw her alive on Sept 26 1936. Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	Unknown
Arteriosclerotic heart disease	Unknown
Myocardial failure	2 wks ago

Other contributory causes of importance:

Congenital anomaly of kidney	Unknown

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical and pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

P 28 1936

F 27615

F 27615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

12690

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Leonard

(a) Residence: No. 2032 W. Fayette St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Leonard

6. DATE OF BIRTH (month, day, year) 4-28-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel W. Leonard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Hurdle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date September 29 1936

19. UNDERTAKER George J. Lehnert
(Address) 2101 Frederick Ave.

20. FILED 28 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1932 to 9-26, 1936

I last saw h M alive on 9-26, 1936 Death is said to have occurred on the date stated above, at 3:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	9-21-36
Diarrhoea (non-specific)	9-21-36

Other contributory causes of importance:

Parkinsons Disease	1926?

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Rooney, M.D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 27616 F 27616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2269 W. Baltimore St. Ward) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Bertha Ly Greaver If U. S. Veteran specify WAR

(a) Residence: No. 2269 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Greaver

6. DATE OF BIRTH (month, day, year) March 4-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Benjamin F. Creaser

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Josephine Ingraber

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT John F. Greaver

(Address) 2269 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date September 29 19 36

19. UNDERTAKER George L. Schwab

(Address) 2101 Eutaw pl.

EP 28 1936 19 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Sept 26, 1936

I last saw her alive on Sept 26, 1936 Death is said to have occurred on the date stated above, at 1.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Poison	

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Urinary Test Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Dale Wheeler M. D.

(Address) 2129 N. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 27617 ✓ F 27617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1128 W. Lombard St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOHN M. DAILEY

If U. S. Veteran specify WAR .....

(a) Residence: No. # 1128 W. Lombard St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Carrie T. Dailey

6. DATE OF BIRTH (month, day, year) Sept 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓ 64		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Dailey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Rose G. Dailey

(Address) # 1128 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/ 29 /. 1936

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

FILED SEP 28 1936 . 19 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936 to Sept 26, 1936

I last saw h.. alive on Sept 26, 1936. Death is said to have occurred on the date stated above, at 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset 9/26/36

Other contributory causes of importance:

Chronic Arteriosclerosis. — 9/15/35

Was an operation performed? No Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Isaac Jenkins, M. D.

(Address) 888 N. Lombard St.

F 27618 ✓ F 27618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B 17201

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Washington

(a) Residence: No. 1021 N. Stricker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-30-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Marie Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/28 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED [illegible] Registrar

P 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/36

22. I HEREBY CERTIFY, That I attended deceased from 9/16/36, 19..., to 9/26/36, 19...

I last saw him alive on 9/26/36, 19... Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	9/7/36
Other contributory causes of importance: Bacillemia (B. Dysenteriae)	9/24/36

Was an operation performed? none Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. J. Kelly and, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

27619

✓ F 27619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 681 Sarah Ann St 4-2 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth Shipley

(a) Residence: No. 681 Sarah Ann St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Wm Shipley

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Toney

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Mary Shipley
(Address) 681 Sarah Ann

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 28, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED ..... 19..... Registrar.

28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Edema	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. Koontz M. D.
Coroner

(Address) 2757 N. Carey

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 27620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 27620

159

Registered No. 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 E Fayette St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Brown

(a) Residence: No. 1623 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-25-36

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eugene Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Alston

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Mary Brown
(Address) 1623 E Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Sept 28 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

SEP 28 1936 [illegible] Registrar.

2602

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1936, to 9-26, 1936

I last saw h[illegible] alive on 9-26, 1936. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Calvin B. LeCompte, M. D.

(Address) 1113 N Caroline St

OCCUPATION is very important. See instructions on back of certificate.

F 27621 ✓ F 27621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-5 St., ... Ward) 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Hall

(a) Residence: No. 1605 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 22, 1924

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	12	8 6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaned Clothes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Hall

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bessie Chatman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 29, 1936

19. UNDERTAKER Robt F Nicodemus

(Address) 1515 Mt Pleasant Ave

Filed SEP 28 1936 Remington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1936, to Sept 27, 1936

I last saw h. alive on Sept 27, 1936 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus septicemia	9-27-36
Meningococcus meningitis	9-27-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Travis D. Schwentker M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

F 27622

F 27622

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 E Chase St., 10-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Celeste Henley Johnston

(a) Residence: No. 1418 E Chase St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 2, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 9/15/36

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William H. Johnston

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Beulah Coleman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Laura Baldeon
(Address) 920 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Sept 29 1936

19. UNDERTAKER Robt Templeman & Son Funeral Directors
(Address) 1 E Fayette St

FILED SEP 28 1936, 19...

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1936, to Sept 26, 1936

I last saw her alive on Sept 25, 1936. Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/23/36
Other contributory causes of importance:	
Dyspnea	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Calvin B. Le Compte, M. D.

(Address) 1113 N Caroline

M. D. B 1268-9

F 27623

27623 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3144 Strickland St., 70-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Sheets

If U. S. Veteran specify WAR

(a) Residence: No. 3144 Strickland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward D Sheets

6. DATE OF BIRTH (month, day, year) June 5, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ? Bablit

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Ida May McLaughlin

(Address) 3144 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Sept. 29, 1936

19. UNDERTAKER Charles J. Schurd

(Address) 505 N. Monroe St.

SEP 28 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 - 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to (her) death on the day stated above, 11.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hypostatic Pneumonia	
Other contributory causes of importance: Chronic Myocarditis	

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1138 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

F 27624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31849 / 27624

13-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Williams

(a) Residence: No. 1012 Lamont-Ave - Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/14/35-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8 9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Slater Williams

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Nina Warren

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med School Date Sept 28 1936

19. UNDERTAKER Commissioner Health
(Address) For the Record

20. FILED Huntington Williams M.D.
9/28/1936 260 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936 to Sept 22, 1936

I last saw h[illegible]live on Sept 22, 1936 Death is said to have occurred on the date stated above, at 5-45 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery.	8-25-36
streptococcal pharyngitis	9-18-36
Bronchopneumonia	9-19-36
Septicemia - staph	9-19-36
Other contributory causes of importance:	
Thrombophlebitis left leg	9-17-36

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Cultures Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jacob R Cornbrooks M. D.

(Address) Johns Hopkins Hospital

5—OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

✓ F 27625

27625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N Calhoun ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Premature Infant Baby Thomas

(a) RESIDENCE NO. ..... ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	infant

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27 1936

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Premature Infant

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

9 BIRTHPLACE (city or town) Balt.
(State or country)

PARENTS

10 NAME OF FATHER Geo. Edward Thomas

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary E Dixon

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Mrs. Thomas

(Address) 502 N Calhoun

Filed ..... 28 1936 ..... 19 ..... Huntington Williams, M.D. Registrar

2605H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27, 1936

17 I HEREBY CERTIFY, That I attended deceased from Premature Infant, 19 ..., to ..., 19 ...,

that I last saw h alive on ..., 19 ...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: Premature Infant X

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George McDonald, M. D.

, 19 (Address) 844 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Red School	Sept 28 1936

20 UNDERTAKER Commissioner Health.

ADDRESS

Important. See instructions on back of certificates.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 25th DAY Sept.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #F 24576 June 4, 1936 AND
ENDING WITH #F 27625 Sept. 28, 1936 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul

END OF REEL